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Hor. Whititer-Widdle School 256 Concord Spect Bayedifft, Massachusetic (1820)

Proposition Hillb Testing Eathorstony, Inc. *Fraincomanul Testing Symptos* 95 Beaver Stracti, Avalliann, Massachus oftis (1945) Hilone (1831) 898-8330 Tax (1781) 893-4914

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DOCUMENTATION CHECKLIST FOR ASBESTOS MONITORING PROJECT FINAL REPORTS

This information must be included in all final reports, either in the body of the text, or in an appendix attached hereto.

1.	Name and location of project	n - 4
2.	Location and type of ACBM	Page 1
3.	Amount of ACBM present (linear and/or square footage)	Page 1
4.	Type of abatement activity:	Page 1
	Removal XX	
	Encapsulation	
	Enclosure	
	Repair	
5.	Reason for activity	
6.	Start/stop dates	Page 1
7.	Personnel documentation (all involved personnel):	F
	Workers, Supervisors	
	-Certificates/licenses	
	-Health/Medical examination	<u>F</u>
	-Training documentation	<u>F</u>
	Project Monitors, Project Designers	P.
	-Certificates/licenses	_
	-Training documentation	<u>E</u> E
8.	Contractor documentation/MA license	
9.	Laboratory documentation:	F
	-MA license	
	-Certificate PCM/PLM/TEM	<u>E</u>
10.	Contractor's Job documentation:	E
	-Copies of Notifications to DLWD, DEP, EPA and applica	
	police, fire or safety authority	
	-Daily sign-in sheets (verify workers, supervisors, project r	<u>Attachment</u> F
	and visitors	
	-Contractor's submittal package, with abatement plan and	F
	standard operating procedure, respirator program, insurance	
	fire and emergency evacuation plan	
	-Chain of Custody documents for waste	<u>G</u>
	-Disposal Manifest (Waste Shipment Record)	G G
	-Name and location of disposal site	
	-Name and Certification of disposal carrier	G
		G
	• Serving our Cilents since 1941 •	

11.	Consultants' job documentation:	
	-Daily checklists for work environment and/or condition	s, with
	commentary of unusual or noteworthy activities -Air monitoring data sheets showing location, date, type	A + + a = h-, - , + , 7
	of samples collected and analyzed, indicate square footage	ge and
	conformance to Appendix A, CFR 763.90(i)(2)(ii) -Name and title of person performing analysis	Attachment A Page 1
	-Name and title of person performing final visual inspects	
	with continuous	Page 1
12.	Checklist completed by:Date_	12/11/08

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report For:

Haverhill School Department

Mr. Jeffrey Dill

Supervisor of Energy and Maintenance

4 Summer St.

Haverhill, MA 01830

Project Site:

Whittier Middle School

256 Concord Street Haverhill, MA 01830

Scope of Work:

Air Sampling And Monitoring During The

Removal Of Asbestos Containing Material

At The Whittier Middle School

Date:

December 15, 2008

Submitted by:

Frederick T. Boyle

President

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ATTACHMENT A AIR MONITORING RESULTS

ATTACHMENT B DAILY MONITORING CHECKLIST

ATTACHMENT C
PRE-ABATEMENT INSPECTION

ATTACHMENT D FINAL CLEARANCE FORMS

ATTACHMENT E LABORATORY DOCUMENTATION PROJECT MONITORING DOCUMENTATION

ATTACHMENT F CONTRACTOR DOCUMENTATION

- License / Accreditation
- Notifications
- Worker Documentation

ATTACHMENT G WASTE SHIPMENT RECORD

ATTACHMETN H SKETCH(S)

1. INTRODUCTION

Hub Testing Laboratories, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of asbestos containing materials at the Whittier Middle School, 256 Concord Street, Haverhill, Massachusetts. Compass Restoration Services, LLC, P.O. Box 584 Ludlow, MA, performed the asbestos abatement. The project consisted of the removal of asbestos containing pipe insulation, approximately 2500ft², and contaminated soil from two separate sections of the crawlspace and the removal of asbestos containing floor tile, approximately 800ft², from the office that is adjacent to the stage and cafeteria. (See attachment H Sketch) The abatement activities were carried out to facilitate repairs to deteriorated pipes which were insulated with asbestos containing materials. A field laboratory was set up on the premises in order to analyze the air samples and to provide the turn around time required by the job specifications. Asbestos abatement project monitoring was performed by Asbestos Project Monitor Mark Biancardi, License # AM000118.

2. SUMMARY REPORT

The abatement project was preformed in order to clean sections of the crawlspace to allow for trades people to access deteriorated heating and plumbing pipes to facilitate repairs. In order to create a clean area a semi permanent barrier was erected of 2x4 studs around the area of concern. Headers and footers were attached to the cement ceiling of the crawlspace with concrete fasteners and to the dirt floor with landscape spikes. The framework was then covered on both sides with polyethylene sheeting creating a poly barrier on the inside of the containment as well as a secondary poly barrier on the outside or contained side of the crawlspace. Once abatement was complete the inside layers could be removed allowing the outside barrier to remaining place effectively sealing the contaminated section of the crawlspace from the newly cleaned sections of the

crawlspace. Access into these clean sections is through designated area and access into the remaining contaminated sections of the crawlspace in through alternative access.

In areas A and B (see attachment H) compass restoration workers first removed the pipe insulation and large pieces of debris from the containment and then went back and removed approximately 1" of soil. In the office floor tile were removed using manual techniques and wet methods.

Compass Restoration arrived on site on September 24, 2008 and began set up of the containment. Once the layout of the work area, water and electrical connections, decontamination unit, negative air pressure and manpower were found to be in compliance with regulations and the specification. Compass Restoration was given authorization to commence with the abatement.

All materials removed were thoroughly wetted with water, bagged and sealed. The bags were then placed in a additional asbestos waste bag and sealed prior to exiting the containment. An additional amount of water to every bag to insure the materials would stay wet. At completion of the removal the contractor cleaned the entire containment in preparation for the final visual inspection. Once Compass Restoration was satisfied they had completed their removal a final visual inspection was performed with both the contractor and the Project Monitors to insure the containment was visually clean and all asbestos containing materials and contaminated soil wad been removed. Any deficiencies were pointed out to the supervisor as the inspection progressed and were remedied by the completions of the inspection. When all deficiencies were remedied final clearance air samples were collected using aggressive sampling technique. When the samples revealed that the asbestos fiber concentration was below clearance levels as established under the AHERA regulation Compass Restoration removed the equipment and any pieces of the barrier allowing the polyethylene sheet barrier separating the contaminated crawlspace from the uncontaminated crawlspace to remain in place.

Final clearance air samples from area A concentrations were in excess of the clearance standards as specified by the AHERA regulation. The containment was completely re-cleaned and a second set of clearance samples were collected.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the U.S. Public Health Service as specified in USPH/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were re-checked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped, sealed with tape and labeled. Pump identification, sample location, and calibration data are included in Attachment A. Final clearance sampling was conducted in compliance with Appendix A to Subpart E of 40 CFR 763.

4. LABORATORY ANALYSIS

Other than final clearance air samples all other air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute for Occupational Safety and Health (NIOSH), Asbestos and Other Fibers Method 7400.

This technique enhances the contrast of the optical system allowing detection and measurement of small particles. Polarized Light Methods, used for analysis of asbestiform, however are not simultaneously compatible with PCM methods, and hence, only morphological properties can be used to identify particles with phase contrast illumination. Accordingly, analysis done by this method can eliminate some materials from being "suspect" but will not permit others, usually smaller, particles from being removed from this "suspect" category.

As mentioned above, all air samples were examined using the prescribed NIOSH techniques. More specifically it consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion using PCM. This procedure defines a fiber as any particle greater than 0.005 mm (5 microns) in length and having an aspect ratio (length to width) of three to one or greater. This procedure includes all fibers regardless of their nature.

In accordance with the AHERA regulations samples in work areas where more then 160 SF and 260 LF of material was removed, clearance samples were collected and analyzed in accordance with the requirements for Transmission Electron Microscopy (TEM) as prescribed by the Appendix A to Subpart E of 40 CFR Part 763.

5. STEPS TAKEN TO PROTECT OCCUPANTS

Occupants, school employees and trades persons working in the building were protected from exposure to asbestos fibers by the following methods.

5.1 BARRIER CONSTRUCTION

Semi permanent barriers were erected separating the sections of the crawlspace where abatement activity took place from adjacent remainders of the crawlspace as described previously.

In the office area critical barriers separated the work area from other inhabited areas. The barriers were constructed of two layer of 6-mil thickness of polyethylene plastic sheeting on all doorways, light fixtures, electrical outlets and other openings into the work area and subsequently covered with two layers of 6 mil polyethylene plastic sheet (poly) on all walls.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a daily basis to aid in detection of fiber release in the event of a containment failure. Analytical results can be found in Attachment A.

5.3 WORKING IN WET CONDITIONS

At all times, amended water was used to wet the asbestos containing materials inside the work area to aid in minimizing airborne fiber level concentrations.

5.4 FINAL INSPECTION

The work area was inspected for visible residue after final cleaning of all surfaces. When residue was encountered the contractor re-cleaned until the criteria of "no visible debris" was satisfied as per Massachusetts regulation 453 CMR 6.14(5)(a).

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

The following steps were taken to prevent the release of airborne asbestos fibers outside the building and to ensure proper disposal of asbestos waste:

Construction of plastic sheet barriers, reinforced at window and door openings, and two layers of 6-mil plastic sheeting covered the walls and critical barriers. This allowed for removal to be performed without contaminating the environment beyond the barriers.

The work area was maintained as a negative pressure environment by means of three HEPA (High Efficiency Particulate Air) filtration units exhausted to the exterior. Asbestos containing material and asbestos contaminated items were removed in 6-mil asbestos labeled disposable bags, or placed into reinforced appropriately labeled and lined fiber drums. These bags and drums were removed to a lined waste truck and transported from the site to an approved landfill.

7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of the removal process. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible debris was found in the work area. Air monitoring was conducted throughout the project.

8. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" must be provided to the Owner by the Contractor within 45 days of the completion of the project as stated in 40 CFR Part 61. This documentation is an important component of record keeping.

ATTACHMENT A AIR MONITORING RESULTS

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Howard	oil F	LIDIC	Schools		Hub ID:		199	38	•
			···			Date:		340	3	
Contractor: Job Site:	Comp	0C72 N	restro	HOV -	ا. ،۔۔۔۔۔۔	Calibration Rotometer #	# :	<u>R</u> -		
Calibration:	OUTITIO	1.20	MONG	14 HOCKE	2CNOI	Type of San	npling:	<u> 1201</u>	RINL	
Pump Number	l h	02	(0)	04	()	IV-9	112			
Pre-Calibration	[6]	12	10	10	12.		12 -			**************************************
Post-Calibration	\dr	12.	13	101	12	1-3	10-			
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Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
	Janton 8th Bod	1)	1230	2:30	120	1440	18	200.
7	Janita Eth Prot	0)	1230	2.30	120	1440	4	1001
3	Techolou Ban	10.	12:35	2:30	115	1380	21	.004
4	Janton Stations	07	12'33	2:30	115	1380	7	,003
5	Jant or Ah Jant	\$\	1240	3.40	120	1440	6	.ಉವ
9	Cale Strage offer	11-9	62.45	2:40	115	1380	13	004
4	lobby	13	12.50	2:40	120	1440	11.5	.003
	O							

Project Monitors Signature: MV NW	Date_ 9/24/08
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Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Report for: Husefull Public Schols					2	Hub ID:			19938			
								Date:			96	4	
								Calibration	ı Met	hod:	rota	Muhr	-
Contractor:	G	OMPO	1 2	W	trop	<u> </u>		Rotometer	#:		C-11		
Job Site:	Whitee Middle 5				Schol		Type of Sa	ש מרפו	<u> </u>				
Calibration:											Ì	J	
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Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
Initor Stage	IV9	9:30	2:30	300	1800	19	.005
Micharical Com	10	9:50	230	300	1800	41	.01
frat lobby	_13	9130	ð:30	300	1800	16	.004
8							

	Isnitor Stelle Michail Call Form	Enitor Stage IV-9 Muchanical Form 10	Enitor Stage IV-9 9:30 Micharical Form 10 9:50	Enitor Stage IN-9 9:30 2:30 Michaell Form 10 9:50 2:30	Einiter Steige TV-9 9:30 2:30 300 muchanical from 10 9:30 2:30 300 mart lobby 13 9:30 2:30 300	Location Number Time Time Minutes (liters) Enritor Stage TV-9 9:30 2:30 300 1800 Michael Lobby 13 9:30 2:30 300 1800 Reat Lobby 13 9:30 2:30 300 1800	Location Number Time Time Minutes (liters) Enritor Sterge TV-9 9:30 2:30 300 1800 19 Muchanical Form 10 9:30 2:30 300 1800 41 Broat lobby 13 9:30 2:30 300 1800 16

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Project Monitors Signature:	Mer	m		Date	9/25	/o /

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Report for:	Heve	chill 1	Public	Sm	2kg	Hub ID:		- 199	38	
	***************************************				_	Date:		9	35	
Contractor: Job Site:	Compo	SS NO W Mic	strotur Idle S	choll	- -	Calibration : Rotometer # Type of Sam	:	Coto du	meter I	
Calibration:	·								<u>. </u>	
Pump Number	truo	11	13	Cul			T		7	·
Pre-Calibration	9	(0	6	101						
Post-Calibration	9	(2	6	6						L
Average Flow	9	3	()	2					<u> </u>	
Quality Control:							<u></u>			
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11_	Janitar Stage	IV-9	400	11:00	240	1440	/1	.003
12	mechanical con	10	8:00	1:30	240	1440	14	,005
13	front lodgy	13	8:00	430	240	1440	9	,003
14	4th back tanto	01	6:00	1:30	240	1440	3	,001
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							,	
								

Project Monitors Signature: Mr 201	Date 9/06
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Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Hover	tall P	ublic	School	,	Hub ID: Date:		190	738 126	
Constant	<u>C</u>	w 200				Calibration		rat	ormeter	
Contractor: Job Site:	Compass restration Whiteer middle School				Rotometer #: Type of Sampling:			<u> </u>		
Calibration:						_			0	
Pump Number	T/~9	10)	13	01	13					
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Post-Calibration	6	6	6	6	6					· · · · · · · · · · · · · · · · · · ·
Average Flow	6	6	6	6	6					
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Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
15 -	Janter Stage	IV-9	4:30	11:40	250	1500	4	.001
16	mechanical com	10	7:30	11:40	250	1500	21	.006
14	front lobby	13	7:30	11:40	250	1500	4	.000
18	4th back Janton	01	4:30	11:40	250	1500	6	,001
19	Frontlobby	13	12:00	2:45	165	990	6	.000
	7					·		
								-

Project Monitors Signature: 1	Date 9	day cr
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Hour	hill b	Ablic	School	Hub ID: Date:				19938			
Contractor: Job Site:	Compas restarates White middle school				Calibration Method: Rotometer #: Type of Sampling:			rotomiter r-11 dury				
Calibration:										U		
Pump Number	10	IV-9	01	11					·		1	
Pre-Calibration	6	6	10	6			_					
Post-Calibration	6	6	6	6			_		·	1	<u> </u>	
Average Flow	6	6	6	6			_				 	
Quality Control:							J	<u> </u>		l		
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Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
20	Mechanical Com	10	4:45	2:15	390	2340	38	.004
21	Janitar Stege	IV-9	4:45	9.12	390	2340	19	.00a
22	Janiter Stege 4th book Joniter Jeniter Front 8th	01	4:45	2:12	390	2340	6	.001
23	Jenitor Front 8th	11	4:45	2:15	390	<i>4340</i>	16	.003
					,			
						-		

Project Monitors Signature: MV n	Date 9/30
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95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Haverh	ill Pul	alic S	Klool		Hub ID:		<u>-</u> <u>19</u> 9	938	
Contractor: Job Site: Calibration:	Compos Whit		tootu	Jale 8	chOnj -	Calibration Rotometer: Type of Sar	#:	not R- du	mb n	
Pump Number	TV-9	(1)	12				1	1		
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Post-Calibration	6	Co	6				ļ	<u> </u>		
Average Flow	6	6	1		 		-	ļ		
Quality Control:	<u> </u>									
Blank #1 Result /	Blanl Resul			Reference Slide ID /	65-1	Result	Mean	264	Range 131-4	82

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
24	Janto Stage Muernical Can Grant I abby	IV-9	8:00	2:00	360	2160	11	,002
25	Muchical Can	10	8:00	2:00	360	2160	19	.004
	Grant Ichby	13	8:00	2:00	360	2160	6	.001
		-						

Project Monitors Signature: Mr. M.	Date_10/1/08
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Environmental Testing Service

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Report for:	Hower	hill 1	Oub L	ic Sha	Hub ID:		190	38	
					Date:		10	1	
					Calibration	Method:	CO	myter of	
Contractor:	<u>Comp</u>	~ 220	<u>000-120</u>	ter.	Rotometer :	# :	r-1)	
Job Site:	Whit!	ier:	<u>micld(</u>	earle u	Type of Sar	npling:	du	Circl	
Calibration:									
Pump Number	[10]	13	01	04					" · · · · · · · · · · · · · · · · · · ·
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Post-Calibration	6	6	G	6			 		
Average Flow	6	0	6	6					
Quality Control:			· · · · · · · · · · · · · · · · · · ·	—			<u> </u>	L[
Blank #1 Result	Blanl Resul		G	Reference Slide ID //	Result	Mear	1824	Range	368.3

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
27	Mechanical from	10	4:45	2:15	390	2340	39	900.
98	Frant lobby	13	4:43	2:15	390	2340	14	.003
39		01	4:45	2:13	390	23610	18	,003
30	Janto 8th Front Janiby 4th boxx	04	7:45	2:15	390	2340	9	,001
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Project Monitors Signature: 18 13	Date (O)
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95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Hower	ull Pa	ublic	Schoo	25	Hub ID:		199	38	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Date:		10 K	3	
						Calibration 1	Method:	rota.	nuter	······································
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Job Site:	Whith	ier m	uddle	_ SCh00	i	Type of Sam	pling:	du	и	
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Pump Number	10	13	01	07	10					
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Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
31	mechanial room	10	4:00	11:15	255	1530	21	200.
30	Front lobby	13	8:00	2:30	390	2340	12.5	600.
33	Janita 8th And	01	8:00	2130	390	2340	10	600.
34	Joylor 4h back	04	8:00	3:00	420	2520	10	,001
35	Michanized poem	10	11:00	ने:30	310	1260	18	.006
:								

Troject Wormto's Signature.	Project Monitors Signature:_	men	_ Date/	3
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HUB TESTING LABORATORY, INC.

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Blank #1 Result		Blank #2 Result	6		eference	Result	Mean	n // Ra	inge 2 205
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Post-Calibrati	ion	6	0	6	6				
Pre-Calibration		6	6	6	6		***		
Pump Numbe		0 1	3 (01	04				
Calibration:								Ú	
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Contractor:	<u>C</u>	swbazz		oration		Calibration M Rotometer #:	emoa:	<u>CI</u>	01-0
						Date:	Carta a Ma	10/3 (2)on	. 7.
Report for:	14	ave-hil	1 Pul	olic >	Zand	Hub ID:		1493	£

Sample LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
36	Mechanical Goom	10	4:30	2:15	345	2040	33	.004
34	Pronticiply	13	4:30	2:15	345	2040	9	.002
38	Jantor 5th Grade	01	4:30	2:18	345	2040	12	.002
39	Janits 44 basel	04	4:10	3:12	345	2040	11	.ගථන
		i						

Project Monitors Signature: D. D.	Date_10/3	
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	ļ	Hau	1/2	<u>llir</u>	Pu	blic	, Sch	<u>600)</u>	Hui	b ID:			7938	
								-	Dat	te:		_1	0/6	
	-								Cal	libration N	Aethod:	<u> </u>	stonet	~ /
Contractor:	:	<u>Co</u>	<u>~p</u>	C22	1	sof2s	ALEN.		Rot	tometer#:		\mathcal{L}	<u> -11</u>	
Job Site:		WY	114	2	m	ddle	<u>. Soh</u>	<u></u>	Туг	pe of Sam	pling:	<u>d</u>	ury	
Calibration	n:													
Pump Num	ber	I) /-	9	01		13	11	01						
Pre-Calibra	ation	6		6		6	6	6						
Post-Calibr	ation	6		6		6	6	6						
Average Flo)W	Ç	,	6		6	6	6						
Quality Co	ntrol:													
Blank #1 Result	C.	, ,	Blank Result	1	1		Reference Slide ID	e 165-1	Res	sult 304	Mea	in 264	Range	1-452

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
40	Cale Strongerice	IV-9	4:50	1:45	415	2490	18	,003
41	Janton Closel-Step	01	4:50	11:45	295	1770	23	.006
42	Cobby	13	4:50	1:45	415	2490	7	,001
43	4th Grade cun	11	9:10	1:45	245	1630	13	,003
44	Jante doll-Strap	01	12:10	ର୍ଥ:50	160	960	9	,004

	in 1 MM	n. 1010
Project Monitors Signature:	pr 1	Date 10 P

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	1	400rl	vill (<u>liblic</u>	Some		Hub ID:		19	938	· · · · · · · · · · · · · · · · · · ·
	-						Date:		10	4	
		<u>.</u>					Calibration	Method:	Poto	voten.	
Contractor:		Cant	L EZOX	10-25 DI	otus		Rotometer #	# :	01	<u> </u>	
Job Site:	_	CONT	tur	m_1dd	le SOr	∞	Type of San	npling:	dur	m	
Calibration:										0	
Pump Number	' <u> </u>	$P \sim \Pi$	01	13	11)						
Pre-Calibratio	D.	6	6	6	6						
Post-Calibration	on	6	D	6	6						
Average Flow		6	6	6	6						
Quality Contr	ol:					· · · · · · · · · · · · · · · · · · ·		<u></u>	- <u> </u>		
Blank #1 Result	1	Blanl Resul		6	Reference Slide ID / (, 129	Result	Mear O	182.4	Range	30 K.2

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
45	Colo Share allie	IV-9	8:10	2:30	350	2280	10	.000
46	Jento Closet Step	01	810	2:30	350	3380	11	.003
44	Lobby	13	8:10	12:45	242	1650	9.5	.002
48	1 74	71	8:10	2:30	380	2260	16.5	.003
49	4th Gredering	13	1:00	3:10	130	480	4	.003
	0							

Project Monitors Signature: MM M 9	Date 10/4/08
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Haurhill	Public	.Schoo	zks	Hub ID:			938	<u>//\</u>
Contractor:		estore		- ,	Calibration I		1010 1010	mute	// 8
Job Site: Calibration: Pump Number	White		L SCH	Dol 	Type of Sam	pling:	_dw	7	
Pre-Calibration Post-Calibration	TV-9 01	<u>3</u>	B						
Average Flow	6 6	6	6						
Quality Control: Blank #1 Result	Blank #2 Result	O	Reference Slide ID	1622	Result 148	∂ Mean	133.4	Range	3-201.

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
\$ 50°	who storage	IV-9	4.45	215	370	2340	18	.003
5)	Stage amer close	01	4,45	3/12	390	2340	4	.001
52	Lobby	1.2	4:45	312	390	2340	9,5	.001
<u>S3</u>	An Grover ling	1)	4.25	31.12	390	2340	11	.002
	<u> </u>				·			
						į		
		,						

Project Monitors Signature: MW M	Date_ 10/8	
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HB)

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Howers	nll F	Public	Scho	015	Hub ID:		/99	738	
						Date:		101	9	
	7			<u>\</u>		Calibration I	Method:	√ 6	tombe	
Contractor:	COM	1822	16Ste	ratur		Rotometer #	•	<u> </u>	-11	
Job Site:	Whit	ties	mide	Me 50	hool	Type of Sam		مار	~`	
Calibration:						-) [0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	t. 9.		'ਹੋ	
Pump Number	DA.	11	119	10)	13					
Pre-Calibration	G	1/2	C	10	6				-	
Post-Calibration		6	10	1/2	6					
Average Flow	6	(0	6	6	6					
Quality Control:		······································	_ L . V		L					
Blank #1 Result	Blanl Resul			Reference Slide ID	65.1	Result 2/8	Mean	CY.	Range	'/S)
							<u></u>	<u> </u>	1 1 1 1 1 1	وتسيرة

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
54	mechanical rean	07	8.00	100	320	1920	39	.004
55	Ah Greide wry	()	20.5	1:00	315	1890	16	.004
56	Cole Dong allin	IV-9	9,60	2:40	340	2040	12	.003
24	Steep closet	01	9:00	2:40	340	2040	18	.004
58	Cobby	/3	9:00	2:40	340	2040	4	.001

Project Monitors Signature:	Date 109
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for:	Haverh	III Public	s Schools	Hub ID: Date: Calibration Met	190 101/	738 0 Muter
Contractor:	Compass	restorati		Rotometer #:	15.11	
Job Site:	Whittier	- middle	school_	Type of Samplin	ng: <u>dw</u>	L.
Calibration:						U
Pump Number	104 1	5			-	
Pre-Calibration	100	2				
Post-Calibration	Č,	6				
Average Flow	6	0				
Quality Control:		· · · · · · · · · · · · · · · · · · ·			**************************************	.
Blank #1 Result	Blank #2 Result		Reference Slide ID (200	Result 16d.8	Mean 1804	Range 37.5-305.3

Sample LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
Sa	Janta & Brok	04	4:00	2:30	450	2700	13	.002.
(00)	lobby	13	4:00	1:00	360	2160	11	.00A
	0		-					
			·					
			-					

Project Monitors Signature:	M	nes	Date 10/11
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report for: Hawkill Public School Hub ID: 19938 Date: 10/14 Contractor: Composition Rotometer #: 2-1 Job Site: White Public School Type of Sampling: Aury Calibration:
Contractor: Composition Rotometer #: Job Site: Calibration: Calibration Calibration: Calibration Method: Composition Rotometer #: Type of Sampling: Calibration:
Contractor: Composs restorction Rotometer #: 72-1 Job Site: Dub-modu Type of Sampling: Calibration: School
Job Site: Whittle pub modely Type of Sampling: ducky Calibration:
Job Site: Whittle pub module Type of Sampling: ducy Calibration:
Calibration:
Pump Number 0 /3 /0
Pre-Calibration 6 6
Post-Calibration 6 6 6
Average Flow 6 6 6
Quality Control:
Result Blank #2 Result S Reference Result 314.3 Mean Range 131-452

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
44	Janitor Closet Ethori	-01	4:45	9:10	385	310	18	.003
75	JOHN LEGAL SALVOT	13	8:00	2:30	390	2340	20.5	.004
46	Jantor Closet Ethbur Jantor Closet Eth Poul Labby	10	8:00	9:30	390	2340	14	.003
	O							

Project Monitors Signature: Mr. / Project Mr. / Projec	Date_1014
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Report for:

Contractor:

Job Site:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

Hub ID: Date:

Calibration Method:

Type of Sampling:

Rotometer #:

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Calibrat	ion:								9	
Pump Nu	mber	01	13							
Pre-Calib	ration	6	6							
Post-Cali	bration	4	6							
Average I	Flow	6	6							
Quality (Control:									
Blank #1 Result	10	Blan Resu		3	Reference Slide ID	(2) A Re	sult 018.4	Mean / So.	Rang	; 1-3-36
						<u></u>		<u> </u>	·	/° U 390
~	T	~ .			T 8:					
Sample I.D.	ı	Sample Location		Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
44	Jenity	874	back	01	4,00	11.00		1260	.10	,003
48	Jento	8th	Com	13	4:30	11:00	210	1260	8	.003
		****						, <u> </u>		
	-,	· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·	
										· · · · · · · · · · · · · · · · · · ·
		······································			· · · · · · · · · · · · · · · · · · ·					
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	·	: 								
	<u> </u>								!	
						//	-	1 _		
Y	Project Ma	nitore Sim	notuen.	Den	40		Date 1	J15		

· Serving our Clients since 1941 ·

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Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

	A	NG DATA SHEE	T
Report for:	Haurhill Public School	Hub ID:	<u>=</u> 199 28
		Date:	10/16
Contractor:	Composs restoration	Calibration Method:	Cotonater
Job Site:	Whitter middle School	Rotometer #:	<u>12-11</u>
_Calibration:		Type of Sampling:	alry
Pump Number	01 13 TV-9		T
Pre-Calibration	6 6		
Post-Calibration	6 6 6		
Average Flow	6 6 6		
Quality Control:			
Blank #1 Result	Blank #2 Result Reference Slide ID	Result Mean	Range 131-US
		<u> </u>	131-429

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/
90	Cale	01	4:30	11:30		14U()	4	.002
73	Stage reorder		4:30	11:30	240	1440	6.5	,000
14	labby	IV-9	4:30	1:15	225	1320	3.5	,001

Project Monitors Signature:	Date_10/16

ATTACHMENT B DAILY MONITORING CHECKLIST

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

	Report For:	Hoverhill	Public	School		÷
	Contractor: Job Site: Date:	Compass Whiter 9/84	restaration middle			
			Chec	<u>klist</u>		
1. 2. 3. 4. 5. 6. 7.	Contractor's Personnel Signs: Barriers Decontamination Facility Housekeeping Inside and Entry and Exit Procedures HEPA Exhaust Operating:	Outside: Followed:		#_3	Adequate	Deficient
8. 9. 10. 11. 12.	Work Procedures Follower Respiratory Protection Use Differential Pressure: Copy of Contractor's Air S Copy of Contractor's Daily Signs of Heat Stress	ed:	Туре	1/2 ry	not Recei	ved
14.	Unusual occurrences	Enginent-	being o	uit	Present	Not Present
	Action taken					
	Daily Air Sampling Results: Number of bags removed from Technician:	n site:	Air Sampling Fo			
	- Volumerani. J proces		L	og In: 7:W	_ Log Out: <u>4</u> !(<u> </u>

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Howerfill Public Schools

	Contractor: Job Site:	Compas N	Storotus middle School		
	Date:	<u>965</u>			
			Checklist		
C	ontractor's Personnel		# 3	Adequate	Deficient
	igns:	i	#	- /	
	arriers				
D	econtamination Facility	Condition:		/X	
H-	ousekeeping Inside and	Outside:		\sim	
E.I.	ntry and Exit Procedure	s Followed:		$\overline{\lambda}$	
W	EPA Exhaust Operating ork Procedures Follows	r; ;; 		X.	
Re	espiratory Protection Us	; :ad:	- 1/.	X	
Di	fferential Pressure:	cu;	Type //2 ny	_X	
			'	<u> X</u>	
. Co	py of Contractor's Air	Sampling Reports	•	a-to a	
Co	py of Contractor's Dail	y Logs			ceived
~ .	A**			- POT REC	ceived
Sig	ens of Heat Stress			Present	(Not Present
Un	usual occurrences	*			THOIT TOSCIT
OII		artenant by	wind by the		
		<u> </u>	my but		
	-	ossible rom	water entry		
***************************************			- Oliva	crowispou	<u> </u>
A			<u> </u>		
ACD	ion taken				
		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
745-44					
Dail	y Air Sampling Results	See Daily Air	Sampling Form		
			camping roini		
Num	ber of bags removed from	om site:	0		
_		. 0	4		
Tecl	hnician: 1201	12	Log In: 4. ()	Log Out:	400
				LOB Out. 2	<u></u>
	•				

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

			Checklist		
Co: Sig	ntractor's Personnel ms:		#_3	Adequate ⋉	Deficient
Bar	rriers			$\frac{1}{\alpha}$	·
Dec	contamination Facility	Condition:		×	
1100	usekeeping Inside and	Ontoida		\$	
HE	ry and Exit Procedure PA Exhaust Operating	s Followed:		3	**************************************
Wor	k Procedures Follows	eq.			
Rest	piratory Protection Us	ed:	Tyme 1/2		
DIII	erential Pressure:		Type 1/2 Aug	fre _x	
Copy	y of Contractor's Air	Samulina Danie			
Сору	y of Contractor's Dail	v Logs		not Rec	eived
		, 8		not Reco	eived
Sign	s of Heat Stress			Present	(Noun)
Unus	ual occurrences	_		2 1050Ht	Not Preser
		iontamunt be	Hwa ci		
			Jane		
		Shill puddies	from Water		
Action	n taken				
Daily A	Air Sampling Results:	A			
	THE CHARPITALE MCSUILS!	See Daily Air	Sampling Form		
	r of bags removed fro	,	campanig rottit		

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report For:	MAR(II)	Public	School		
	9/89 9/89	midell	tiv- School		
	•	Chec	<u>cklist</u>	,	
Contractor's Personnel Signs: Barriers			#_3_	Adequate K	Deficient
Decontamination Facility Cond Housekeeping Inside and Outsi Entry and Exit Procedures Follo HEPA Exhaust Operating:	đe:			× × ×	
Work Procedures Followed: Respiratory Protection Used: Differential Pressure:		Туре	1/2 reg	- X	
Copy of Contractor's Air Sampl Copy of Contractor's Daily Log	ing Reports		Ū		ceived ceived
Signs of Heat Stress				Present	Not Presen
Unusual occurrences	lesu for	nid 10	Contain	m+	
Action taken					
					
Daily Air Sampling Results:	,,,	ir Sampling I	Form		
Number of bags removed from sit	e: <u>4</u>	U			

HB)

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

	Report For:	Hazernill F	lubic Sch	loa		
	Contractor: Job Site: Date:	Compass res		· · · · · · · · · · · · · · · · · · ·		
		·	Checklist			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Contractor's Personnel Signs: Barriers Decontamination Facility Housekeeping Inside and Entry and Exit Procedures HEPA Exhaust Operating: Work Procedures Follower Respiratory Protection Use Differential Pressure: Copy of Contractor's Air S Copy of Contractor's Daily Signs of Heat Stress Unusual occurrences	Outside: Followed: d: ed:	Type 1/4	ng nent		Deficient
	Action taken					
	Daily Air Sampling Results:	See Daily Air S	ampling Form			
	Number of bags removed fro	m site: 10°	1			
	Technician: My L		Log In	1: <u>4:00</u>	Log Out	600

HUB TESTING LABORATORY, INC.

Environmental Testing

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Report For:	Howar hill P	ublic School	
Contractor: Job Site: Date:		Starotion Iddu School	
		Checklist	
Contractor's Personnel Signs: Barriers		#_3	Adequate Deficient
Decontamination Facility Housekeeping Inside and Entry and Exit Procedures HEPA Exhaust Operating Work Procedures Follows	Outside: s Followed:		
Respiratory Protection Us Differential Pressure:	ed:	Type / wet	
Copy of Contractor's Air Copy of Contractor's Dail Signs of Heat Stress	Sampling Reports y Logs		Present Not Prese
Unusual occurrences	libidia and	more with	TV in Continual
Action taken			
Daily Air Sampling Results Number of bags removed fr		Sampling Form	
Technician: hn	in	Log In: 4.00	Log Out: 4.00

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Haverhill Public School

Job Site: Date:		Storotus Middle School		
	, , , ,	Checklist		
Contractor's Personnel			Adequate	Deficient
Signs:		#_3_	_ 🗻	
Barriers			<u>be</u>	
Decontamination Facility	Condition			
Housekeeping Inside and	Ontside		X	
Entry and Exit Procedures	Followed:		\	
HEPA Exhaust Operating:			<u> </u>	
Work Procedures Followe	d:		- X	
Respiratory Protection Use	ed:	Type 1/2 Ale		
Differential Pressure:		Type TO AX		***************************************
Copy of Contractor's Air S Copy of Contractor's Daily Signs of Heat Stress Unusual occurrences	Logs		Present	ceived ceived Not Prese
<u> </u>	III Puacus	in Chlan	ndt	
Action taken				
Action taken				
		· · · · · · · · · · · · · · · · · · ·		
Daily Air Sampling Results:	See Daily Air	Sampling Form		
Daily Air Sampling Results:	, - :=	Sampling Form		
Daily Air Sampling Results: Number of bags removed fro	, - :=	Sampling Form		

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Howerhill Public Schools

Job Site: Whithis m Date: 10/3	indon School	
	Checklist	
Contractor's Personnel	. 3	Adequate Defic
Signs:	#	
Barriers		
Decontamination Facility Condition:		
Housekeeping Inside and Outside		
Entry and Exit Procedures Followed		
HEPA Exhaust Operating:		-3
Work Procedures Followed:	•	
Respiratory Protection Used:	Type 12 re	
Differential Pressure:	10	
Copy of Contractor's Air Sampling Reports		<u> </u>
Copy of Contractor's Daily Logs		Received
1.5		Received Received
Signs of Heat Stress		Present Not Pr
Unusual occurrences	-	Notifi
Action taken		
Daily Air Sampling Results: See Daily Air	Sampling Form	
•	•	
	<u>a</u>	
	_	D Log Out: U: W

HB)

Report For:

Contractor: Job Site:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Howerhill Public Schools

•	Date:	16	
	•	Checklist	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Contractor's Personnel Signs: Barriers Decontamination Facility Condition: Housekeeping Inside and Outside: Entry and Exit Procedures Followed: HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used: Differential Pressure: Copy of Contractor's Air Sampling Rep Copy of Contractor's Daily Logs Signs of Heat Stress Unusual occurrences	Type orts Type orts Type orts	Adequate Deficient Received Received Present Not Present
	Daily Air Sampling Results: See Da Number of bags removed from site: Technician:	Log In: 400	_Log Out: 生の

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Haverhill Public School

Contractor: Compacts N Job Site: Whittum Date: John	estoration addic sommet		
	Checklist		
Contractor's Personnel		Adequate	Deficie
Signs:	#_3	<u>X</u>	***************************************
Barriers			
Decontamination Facility Condition:		_	
Housekeeping Inside and Outside:			
Entry and Exit Procedures Followed		- 2	·*************************************
HEPA Exhaust Operating:		\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
Work Procedures Followed:	J.	-	
Respiratory Protection Used: Differential Pressure:	Type 1/2 New	Q	
Differential Pressure;	' 0	_ Q	
Copy of Contractor's Air Sampling Reports		^ \	
Copy of Contractor's Daily Logs		110+ Re	ceived
· •		YOF Rec	ceived
Signs of Heat Stress		Present	Not Pres
Unusual occurrences	_		11011103
Action taken			
Daily Air Sampling Results: See Daily Air S	Sampling Form		
Number of bags removed from site:			
	0	. ^	
echnician:	Log In: 🚣 🔾	X) Log Out 2	7.(()

Report For:

Contractor:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Haverhill Public School

Compass restoration

170/08			
	Checklist		
Contractor's Personnel	# 3	Adequate	Deficie
Signs:	#	-	·
Barriers		₹	
Decontamination Facility Condition:			
Housekeeping Inside and Outside:		***	
Entry and Exit Procedures Followed:		♦	***************************************
HEPA Exhaust Operating:		$\overline{\triangleright}$	
Work Procedures Followed:		7	
Respiratory Protection Used: Differential Pressure:	Type / Ny	d	· · · · · · · · · · · · · · · · · · ·
Differential Plessure:		X	 .
Copy of Contractor's Air Sampling Reports		1)	
Copy of Contractor's Daily Logs			ived
		not Rece	ived
Signs of Heat Stress	•	75	\leftarrow
·		Present	Not Pres
Unusual occurrences	•		
			· · · · · · · · · · · · · · · · · · ·
Action taken			·
			
Daily Air Sampling Results: See Daily Air	Sampling Form		
	<u> </u>		
Number of bags removed from site: 9	2		
, /			
Technician: MM 12 28	ľ	Log Out: 4	

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Hourhill Public Schools

	Checklist	
	<u> </u>	
Contractor's Personnel	# 3	Adequate Defic
Signs:	<i>"</i>	-
Barriers		-
Decontamination Facility Condition:		<u> </u>
Housekeeping Inside and Outside:		<u>X</u>
Entry and Exit Procedures Followed:		
HEPA Exhaust Operating: Work Procedures Followed:		
Respiratory Protection Used:	T 1/2 A41 - 10/1	
Differential Pressure:	Type 1/2 rel pres	2 <u>X</u>
	J	
Copy of Contractor's Air Sampling Reports		NO ¹ Received
Copy of Contractor's Daily Logs		NOT Received
Signs of Heat Stress		
Unusual occurrences		Present Not Pr
	·	 -
Action taken		
aily Air Sampling Results: See Daily Ai	r Sampling Form	
	a samping rorm	
umber of bags removed from site:	<u>88</u>	

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Hournill Public Schools

Contractor: Job Site:	Whittur	ablic some		
Date:	10/10/08	public schools		
		Checklist		
Contractor's Personnel		~ ^	Adequate	Deficie
Signs:		#	<u>X</u>	
Barriers			<u>_</u> X	
Decontamination Facility	Condition		-X-	
Housekeeping Inside and (Outside:		_	•
Entry and Exit Procedures	Followed:		X	14.
HEPA Exhaust Operating:			-3-	
Work Procedures Followed				**
Respiratory Protection Use	ed:	Type 1/2 ray pro		****
Differential Pressure:		· / / 9 - 3	X	
Copy of Contractor's Air S	Inmuliua Danasta		n 1-	
Copy of Contractor's Daily	Logs			ceived
			_ • • • Re	ceived
Signs of Heat Stress		•	Present	Not Pres
		· _		
Unusual occurrences				
Unusual occurrences Action taken				
Action taken	Can Daile. A			
	: See Daily A	ir Sampling Form		
Action taken	•	ir Sampling Form		
Action taken Daily Air Sampling Results:	om site:	ir Sampling Form 3 Log In: 4:00		11.77

Report For:

Contractor:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Howerhill Public Schools

aubces vertautin

Date:	10/14/08	MICHALL SOMOOI	<u>l</u>	
		Checklist	_	
Contractor's Personnel Signs:		#_2	Adequate	Deficie
Barriers Decontamination Facility Housekeeping Inside and	Outside:		***	
Entry and Exit Procedure HEPA Exhaust Operating Work Procedures Follow	s Followed:		<u> </u>	
Respiratory Protection Use Differential Pressure:		Type //a ref. o	res <u>X</u>	
Copy of Contractor's Air Copy of Contractor's Dai	Sampling Reports ly Logs			eceived eceived
Signs of Heat Stress			Present	Not Pre
Unusual occurrences				
Action taken				
Daily Air Sampling Result	s: See Daily Air	Sampling Form		
Number of bags removed f		4		
Technician: ////	m	Log In: 4	(O Log Out:	4:0

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Howerhill Public School

	Contractor: Job Site: Date:	COMPASS ME WHIRE M	Storpmidale School	
			Checklist	
Contra Signs: Barrie			#_&	Adequate Deficient
Decon House Entry	ntamination Facility keeping Inside and and Exit Procedure	Outside: s Followed:		
Work Respir	Exhaust Operating Procedures Follower atory Protection Us	ed:	Typola res pross	
	ential Pressure:		13000 8 1100	X
Copy o	of Contractor's Air of Contractor's Dail	Sampling Reports y Logs		Received Received
Signs o	of Heat Stress			Present Not Present
Unusua	al occurrences		-	
Action	taken			
Daily A	ir Sampling Results	See Daily Air	Sampling Form	
Number	of bags removed fr	rom site:	<u> </u>	
	cian: Me	\mathcal{L}		Log Out.4!(1)

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Haurhill Public School

	Contractor: Job Site: Date:	Conposs no Whittee m	leads? Wobin	
			Checklist	
a				Adequate Deficient
	ontractor's Personnel gns:		#_8	
	gus. urriers			
	contamination Facility	Condition:		
Ho	ousekeeping Inside and	Outside:		<u> </u>
	try and Exit Procedures			
HE	PA Exhaust Operating	•		>
Wo	ork Procedures Followe	d:	J	
Re	spiratory Protection Us	ed:	Type 1/2 rep pres	$\overline{\alpha}$
Dif	fferential Pressure:			X
Co	ny of Contractor's Air !	Commilia o Denesita		mt
	py of Contractor's Air : py of Contractor's Dail			POT Received
CO	py or contractor a part	y Lugs		Received
Sig	ns of Heat Stress			Present Not Present
Uni	usual occurrences			
Acti	ion taken			
	:			
Dail	ly Air Sampling Results	s: See Daily Air	Sampling Form	
	ly Air Sampling Results	, L	Sampling Form Sampling Form	
Nun		rom site:	emb 8 8) Log Out: (2:00

HB

Report For:

Contractor: Job Site:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Haurhill Public Schools

	Date: 1019	30105 30109	
		Checklist	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Contractor's Personnel Signs: Barriers Decontamination Facility Condition: Housekeeping Inside and Outside: Entry and Exit Procedures Followed: HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used: Differential Pressure: Copy of Contractor's Air Sampling Reports Copy of Contractor's Daily Logs Signs of Heat Stress Unusual occurrences	# 3	Adequate Deficient A Received Received Present Not Present
	Action taken		
	Daily Air Sampling Results: See Daily Air Number of bags removed from site: Technician:	Sampling Form Log In: 4:00	Log Out: 4/0

Report For:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

	Contractor: Job Site: Date:	Whither 1	middu school	- -	
		, ,	<u>Checklist</u>		
Co	ontractor's Personnel		1	Adequate	Deficier
	gns:		#		X
	gus. urriers				
	contamination Facility	· Condition			_ V
H ₀	ousekeeping Inside and	Conginon;		· · · · · · · · · · · · · · · · · · ·	-X
En	try and Exit Procedure	Outside;			_ \(\tau_{-1} \)
TLC	EPA Exhaust Operating	s ronowed:		F-7-	\mathcal{X}
Wo	ork Procedures Followe	3; a			
	spiratory Protection Us		- 1/a a	_	<u>-X</u>
Dif	spiratory Protection Us fferential Pressure:	sea:	Type A res	<u> 2635b~</u>	<u> </u>
DIL	ncichal Piessaie.		, ,		<u> </u>
Cot	py of Contractor's Air	Sampling Reports		12-1	
Cor	py of Contractor's Dail	ly I nos			eceived
1	Fy Co-marker B Dan	r) Dogo		<u>''07</u> Re	ceived
Sign	ns of Heat Stress			Present	Not Pron
				Present	Not Prese
	ns of Heat Stress	T. 1	/ -		Not Prese
		Teardon	un /Equipmi		Not Prese
		Teardon	un / Equipmin		Not Prese
		Teardon	un/Equipmi		Not Prese
Unu	usual occurrences	Tearda	un/Equipmi		Not Prese
Unu		Tearda	un/Equipmi		Not Prese
Unu	usual occurrences	Tearda	un/Equipmi		Not Prese
Unu	usual occurrences	Tearda	un/Equipmi		Not Prese
Unu ————————————————————————————————————	ion taken				Not Prese
Unu ————————————————————————————————————	usual occurrences		ir Sampling Form		Not Prese
Unu	ion taken y Air Sampling Results	s: See Daily A			Not Prese
Unu	ion taken	s: See Daily A			Not Prese
Unu Acti	ion taken y Air Sampling Results	s: See Daily A	ir Sampling Form		

ATTACHMENT C PRE-ABATEMENT INSPECTION

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Client: NOWWILL DUBLIC SCHOOLS Work Area I.D.: Cowl Space "B" Area Description: Cron	WISpace	wdu	Core/oppic
Demolition Required:Estimated D	Pays Require	ed For Abaten	nent: /〇
Materials To Be Abated (Describe And Give Quantities): 5400	p pipe	nsulot	see .
Critical Barriers In Place:			
Windows O A Doors N Blectrical Switches N & Electrical Out	HVAC lets N	Vents_N	A
All Movable Equipment Removed From Containment All Non – Movable Equipment Wrapped (*)		Yes N/A	<u>No</u>
Decontamination Facilities (*) Three Chamber PDF With Hot/Cold Water Two Chamber EDF With Water In Wash Area Other	h		
Containment Type (indicate reasoning below) Full Containment, 2 layers (6-mil poly) on all walls and floo Same as above with additional poly on ceiling 2 layers on wall, no poly on floor Single layer of poly on walls and floors Critical barriers only, no poly on walls or floors Other	or	Yes	<u>No</u>
Describe (*): 2 years Semi-per bernier	one	One 1	ing-C
Number Of Negative Air Machines In Operation Manometer Used and Pressure Reading Containment Smoke Tested PM's Signature	Land Land	Date 19/3)/08
*) Indicate On Sketch		·····	/-~~

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Pre-Abatement Inspection Form
Work Area I.D.: Crowlspace "A" Area Description: Crowlspace under 8th
Demolition Required:
Materials To Be Abated (Describe And Give Quantities): 150 A pipe in Sulating on
Critical Barriers In Place:
Windows N/A Doors N/A HVAC Vents N/A Electrical Switches N/A Electrical Outlets N/A
All Movable Equipment Removed From Containment All Non – Movable Equipment Wrapped (*)
Decontamination Facilities (*) Three Chamber PDF With Hot/Cold Water Two Chamber EDF With Water In Wash Area Other No Continuous with One Chamber Company Community
Containment Type (indicate reasoning below) Full Containment, 2 layers (6-mil poly) on all walls and floor Same as above with additional poly on ceiling 2 layers on wall, no poly on floor Single layer of poly on walls and floors Critical barriers only, no poly on walls or floors Other
Describe (*): Plus Seni-pern-hamer to stay in plum
Surfactant Available Type Of Respiratory Protection To Be Used Number Of Negative Air Machines In Operation Manometer Used and Pressure Reading Containment Smoke Tested No
PM's Signature Date 10/8

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Client: Hove Mill Public, School Work Area I.D.: MINIC Com Musea Description: Empty	ion off of Ca
Demolition Required:	uired For Abatement:/
Materials To Be Abated (Describe And Give Quantities): floor fly	800 SUPF NO
Critical Barriers In Place: Windows Doors HVA Electrical Switches Electrical Outlets	AC Vents
All Movable Equipment Removed From Containment All Non – Movable Equipment Wrapped (*)	Yes <u>No</u>
Decontamination Facilities (*) Three Chamber PDF With Hot/Cold Water Two Chamber EDF With Water In Wash Area Other	
Containment Type (indicate reasoning below) Full Containment, 2 layers (6-mil poly) on all walls and floor Same as above with additional poly on ceiling 2 layers on wall, no poly on floor Single layer of poly on walls and floors Critical barriers only, no poly on walls or floors Other	Yes No
Describe (*): plus poly Ceilly	
Surfactant Available Type Of Respiratory Protection To Be Used Number Of Negative Air Machines In Operation Manometer Used and Pressure Reading Containment Smoke Tested Or No Description Descr	
PM's Signature New Yell (*) Indicate On Sketch	_Date_10/16/08

ATTACHMENT D FINAL CLEARANCE FORMS



Report for:

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax) FINAL CLEARANCE FORM

	Contractor: Job Site:	Compass		
	Date:	Whittier School craw October 8, 2008	wispace A	
	VISIBLE DEBR	IS NOTED ON:	YES	NO
1.	FLOORS		37	
2,	WALLS		X X	
3.	CEILING		X	77
4.	PIPES		v	X
5.	ELBOWS/FITTI	NGS	X	
6.	DUCTS	MOD	X X	
7 .	HORIZONTAL	SURFACES	X	
8.	EQUIPMENT	JONI ACES	Λ	v
				X
LOC	KDOWN ENCAPS	ULANT APPLIED	No.	
		D USING AGGRESSIV		
SAM	PLE VOLUMES A	DEQUATE FOR DETE	CTION LIMIT	
DATI	E SAMPLING PUN			
FINA	L AIR SAMPLES -	- PASS		
		-FAIL Failed visual		
CON	TRACTOR NOTIFI	ED		
CIH'S	SIGNATURE		DATE	
		1. 20		-
PM'S	SIGNATURE	Many	DATE /	6/8/8
		· ()	***************************************	

Haverhill School Dept



Environmental Testing Service

95 Beaver Street - Waltham, MA 02453

(781) 893-8330 (781) 893-4414 (fax) FINAL CLEARANCE FORM Hoverhill Public School Report for: Contractor: Compass restantion Job Site: Whittur middle school Date: 10/10 VISIBLE DEBRIS NOTED ON: YES NO 1. **FLOORS** 2. WALLS 3. CEILING 4. PIPES 5. **ELBOWS/FITTINGS** 6. DUCTS 7. HORIZONTAL SURFACES 8. **EQUIPMENT** LOCKDOWN ENCAPSULANT APPLIED. SAMPLES COLLECTED USING AGGRESSIVE METHOD VR SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT 1200/ DATE SAMPLING PUMPS CALIBRATION FINAL AIR SAMPLE RESULTS rail 61- ,0243 63- .0194 FINAL AIR SAMPLES PASS FINAL AIR SAMPLES - FAIL CONTRACTOR NOTIFIED ON-Site CIH'S SIGNATURE_ DATE

PM'S SIGNATURE M

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for	r;	Hour	WILL F	hblic	School?	2	Hub ID:		198	්ර් ඩ	
							Date:		10/	10	,
Contracto	r:	Comp) EZOC	le Joles	ation		Calibration M Rotometer #:		104	ometor	
Job Site:		MNIF			e Scho	od ·	Type of Samp	oling:	(Rle	Croner	
Calibratio	on:										
Pump Nun	nber	57	I/-6	N-S	(04)	02	Hubb	1 (01	IV-9	1)
Pre-Calibr	ation	10	10	10	10	10	100	10	10	1/2	10
Post-Calib	ration	10	10	10	70	10	10	10	10	10	10
Average Fl	low	10	(C)	10	10	10	(0)	10	70	10	10
Quality C	ontrol:			l <u></u>				10	10	1 10	Γ
Blank #1 Result	N/t	Blank Resul	1 1 1	/A	Reference Slide ID	WA!	Result	Mean	/A	Range	4
Sample		Sample			S	/					
Sampic		эашріе		Pump	Start	Ston	Total	Volm	me l	Nhave 1	Tibowa!

Sample LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
61	Insile left back	24	1:30	3:30	130	1200		
60	(Luft font	IV-5	1	7				
63	Decoy	N-S						
64	right back	164						
(S	V right Pont	02		W	W	W		
46	Outsul dien	(tub10)	1:45	4:00	135	1350		
64	decon	13	7			}		
48	Severan	61						
69	V Stain	I)-9						
40	(Muchinica)	1)	7	A	A	M		

49	Project Monitors Signature:		Date	10/10	
43	Lab Blad	• Serving our Clients sin	co 10/1 .	7	



AmeriSci Boston

8 SCHOOL STREET WEYMOUTH, MA 02189 TEL: (781) 337-9334 • FAX: (781) 337-7642

October 15, 2008

HUB TESTING Attn: Lynne Whitcraft 95 Beaver Street Waltham, MA 02453

RE: HUB TESTING

Job Number 508101142

P.O. # 19882

19882; Whitier Crawlspace

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Tuesday, October 14, 2008, for a 24 hour turnaround:

61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73

i Clar

The 13 air samples were sent to AmeriSci via Federal Express. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely.

Bryan H. Clark
Asbestos Lab Director

75TYNTOAC .H OAC TACTIATIES

Client Name: HUB TESTING

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air) Table I

19882; Whitier Crawlspace

^{*} concentration represented by the detection of 1 structure ** not analyzed

NSD: No Asbestos Structures Detected

Reviewed By:

Mean Total Structure Density For Inside Samples: 72.6 structures/sq. mm. .; Analyzed By: Sandhya Gunasekara

Date: 10/15/2008

NVLAP#: 102079-0

sample area analyzed

Client Name: HUB TESTING

<u>Job #:</u> 508101142

Lab Sample #: 01

Client Sample #: 61

Received: 10/14/08 Date Analyzed: 10/15/08

Scope #: H6

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

17:15:00

	Grid	1	 		Sandhya Gı	ınasekara		-		
Location	Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	
C5-5/3F	1 1	NSD				1		Onen.	SAED	Photo
C5-5/1G	2	1	2	.2	Chrysotile	B. domestics		ļ		
C5-5/1G	2	2	.6	.02	Chrysotile	Matrix	"Mg, Si, Fe"	/	<u> </u>	
C5-5/6F	3	1	1.3	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	1	!
C5-5/6F	3	2	1 1	.03	Chrysotile	Matrix	"Mg, Si, Fe"	١		
C5-5/6G	4	NSD			Chrysome	Matrix	"Mg, Si, Fe"	/		1
D1-4/4A	5	NSD	ł	Ī		j ,			Γ.	
D1-4/4B	6	NSD	į	1		ł				
D1-4/6A	7	1	.7	.02	Chrysotile	Matrix	"Ma Si Ear	,		
1 1	- 1	İ	1		, J. L. W. L.	Mauly	"Mg, Si, Fe"	/	ا ا	
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1 1	- 1			1		1	1	1]	j
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						1				}
NSD: No	Asbestos	Structures	Detected							

NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >= 5 microns: Total Non-Asbestos Structures: Total Asbestos Structures: Analytical Sensitivity:	7 5 0 0	Structure Density (str/mm2) 75.7 <15.1 <15.1 75.7 15.1	(str/cc air) 0.0243 <0.0049 <0.0049	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10% Particulate Even
---	------------------	--	--	---

sample area analyzed

Client Name: HUB TESTING

Job #: 508101142

Lab Sample #: 02 Client Sample #: 62

Received: 10/14/08

Date Analyzed: 10/15/08

Scope #: H6

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE

385 mm2

Grid Opening Size: 0.00944

mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

17:15:00

Sandinya Odnasekara											
	Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
	D2-3/1B	1	1	2.7	.1	Chrysotile	Matrix	"Mg, Si, Fe"	1	V	
-	D2-3/1B	1	2	.8	.05	Chrysotile	Fiber	"Mg, Si, Fe"		V	
	D2-3/1C	2	NSD								
-	D2-4/6B	3	1	1.3	.06	Chrysotile	Bundle	"Mg, Si, Fe"	1	₩	
	D2-4/6B	3	2	1	.03	Chrysotile	Matrix	"Mg, Si, Fe"	1		
	D2-4/6C	4	1	5.5	.02	Chrysotile	Matrix	"Mg, Si, Fe"	1		
- 1	D2-4/6C	4	2	1	.06	Chrysotile	Bundle	"Mg, Si, Fe"	1	\ <u></u>	
	D3-5/1F	5	1	.7	.06	Chrysotile	Matrix	"Mg, Si, Fe"	1		1
- 1	D3-5/1F	5	2	1.3	.02	Chrysotile	Matrix	"Mg, Si, Fe"	/	[<u> </u>	
	D3-5/3E	6	1	1	.06	Chrysotile	Fiber	"Mg, Si, Fe"	١ ١	<u> </u>	1 1
- 1	D3-5/3E	6	2	.7	.05	Chrysotile	Bundle	"Mg, Si, Fe"	١ ،	 	
- 1	D3-5/3E	6	3	1.2	.04	Chrysotile	Matrix	"Mg, Si, Fe"	/		
	D3-5/3E	6	4	2	.02	Chrysotile	Bundle	"Mg, Si, Fe"	١	 	1 1
- 1	D3-5/3E	6	5	.6	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	<u> </u>	
	D3-6/1F	7	1	1	.02	Chrysotile	Fiber	"Mg, Si, Fe"	1		
ا	D3-6/1F	7	2	1.5	.02	Chrysotile	Fiber	"Mg, Si, Fe"	1	<u> </u>	1 1
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-					[.						ı

NSD: No Asbestos Structures Detected

		Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:	15	227.0	0.0728	
Amphibole Asbestos Structures:	0	<15.1	< 0.0049	✓ Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	1	15.1	0.0049	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	15	227.0	0.0728	Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0049	▼ Particulate Even

sample area analyzed

Client Name: HUB TESTING

Job #: 508101142

Lab Sample #: 03 Client Sample #: 63

Received: 10/14/08

Date Analyzed: 10/15/08 Scope #: H6

17:15:00

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhva Gunasekara

	1 2	,			Sandhya Gu	ınasekara		•		
Location	Grid Opening	Fiber	Length μM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
D4-5/1H D4-5/4H D4-5/6G	1 2 3	NSD 1 NSD	.6	.02	Chrysotile	Fiber	"Mg, Si, Fe"	١		17100
D4-4/4H D5-4/6E D5-4/6F D5-4/4E	4 5 6 7	NSD 1 1 1	.5 1.5 1	.02 .02 .02	Chrysotile Chrysotile Chrysotile	Fiber Matrix Matrix	"Mg, Si, Fe" "Mg, Si, Fe" "Mg, Si, Fe"	/ \ /		

NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >= 5 microns: Total Non-Asbestos Structures: Total Asbestos Structures: Analytical Sensitivity:	4 0 0	Structure Density (str/mm2) 60.5 <15.1 <15.1 60.5 15.1	(str/cc air) 0.0194 <0.0049 <0.0049	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10% Particulate Even
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AMERI Sci

CHAIN OF CUSTODY RECORD

AMERISCI JOB #: 5 0 8 1 0 1 1 4 2

AMERISCI BOSTON 8 School Street Weymouth, MA 02189 Toll Free (888) 724-5221 Phone (781) 337-7642

www.amerisc	a.com									Fax (78	1) 33	/~/ 0 4
COMPANY:		ADDRESS:								P.O.#:		
Hub Tes	An Ceb	3313	7 07	02			10					
1.1	INFORMATION	ANALYSIS TYPE	C O I In	140.15			D TIME ()	7.5			R FILT	
JOB NAME:	tier crowkpa	TEM/ALIEDA	0-0: HR	12 HR	24 HR	48 HR	72 HR	5 DAY	OTHER		RMAT	TON:
Whit	tle (Coulder	TEM/L EVEL (I	<u> </u>			 	-			MCE		X
JOB NUMBER:	200	TEM/BULK				ļ <u>-</u>	 			PC 25 mm		
· 19	KZ&G/	TEM/Dust			_		+	 	·	37 mm		_X_
JOB MANAGER:		TEM/WATER					 			0.45 um		V
		PCM	Rush							0.80 um		<u> </u>
JOB DESCRIPTION:	:	PLM	Rush							TEMP:		
		OTHER:		1 1						OTHER:	····	
RESULTS To:	COX 481	893 83	30	<u> </u>			RETURN	SAMPLE	s Yes	<u> </u>	No.	/
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TRANSACTION REPORT

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Please Reply To:

MERI SCI

AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To:

Lynne Whitcraft

HUB TESTING

Fax#:

AmeriSci Job #:

Subject:

AHERA Protocol 24 hour Results

Client Project:

19882; Whitler Crawlspace

Email:

Date:

Wednesday, October 15, 2008

Time:

12:58:05

Comments:

Number of Pages:

CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you

HB)

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

		(****, 000-44	rit (iax)	
	FINAL CL	EARANCE FORM		
Report for	f_l . l .	_		
Contractor	: Compass	restoration	***************************************	
Job Site:	Whithe	middle and		
Date:	10/15	108	tneg A	
VISIBLE I	DEBRIS NOTED ON:	YES	NO	
1. FLOORS			N/	
2. WALLS		and the first fact of the second second second second second	X	
3. CEILING		-	X	
4. PIPES		Weep plants and the second sec	X	
5. ELBOWS/I	FITTINGS	Activities to the second property of the second second second second second second second second second second	X,	
6. DUCTS	*** 1 114019		X	
	TAL SURFACES	-	X	
8. EQUIPMEN	JT		X.	
			X	
TOCKDOWN ENC	CAPSULANT APPLIED _	423		
	CTED USING AGGRESSI	VE METHOD (ALS		
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SAMPLE VOLUME	ES ADEQUATE FOR DET	ECTION LIMIT 1200/		
DATE SAMPLING	PUMPS CALIBRATION	10/15/08		
FINAL AIR SAMPL	E RESULTS /	79004	· On:	
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FINAL AIR SAMPL	ES(PASS)			7
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for:	203 Portland Street	1 Public schools	Hub ID; Date:		19807
Contractor	Boston, MA 03	2114 Compass NStoraturates Inc. White	Calibration M	lethod:	Rotometer # []
Project Site:	Haverhill HS, ADA	and Guidance Renovation Proje	et Type of	Sampling:	Clerace
Containment ID Calibration:	: Crawlspour	e 8th Grad wy	•		
Pump Number	BABB	Q C Q D QE	17/-9	11	01 Huh 6 2
Pre-Calibration	8.4 8.4	8.4 8.4 8.4	ID.		10 (2) (0
Post-Calibration	8:4 8.4	8.4 8.4 8.4	10	10	10 10
Average Flow	8.4	8.4 8.4 8.4	10	10	10 10 10
Quality Control:					
Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
posson	******	The second secon			

Sample LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
40	insile	& A	11:00	1:30	150	1260		
80	mide	Ø B	11:00	1				**************************************
81	inside	Ø, C	11:00					
50	10Side	Q D	11:00				·····	,,
83	inside	QE	11:00		V	$-\mathcal{W}$		
84	Outside	IV-9	11:30	1:30	/20	1200		
92	Outside	1)	11:30	1		ſ		···
86	Outsid-	01	1):30					
84	outside	Hubb	(1:30					
88	Wistu	2	11:30	V	h	4		

Project Monitors Signature: Date 10/15/08

91 (Gb Obort

• Serving our Clients since 1941 •



AmeriSci Boston

8 SCHOOL STREET WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

October 16, 2008

HUB TESTING Attn: Lynne Whitcraft 95 Beaver Street Waltham, MA 02453

RE: HUB TESTING Job Number 508101185 P.O. # 19887 19887

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Wednesday, October 15, 2008, for a 24 hour turnaround:

79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91

The 13 air samples were sent to AmeriSci via Hand Delivery. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,

Asbestos Lab Director

Client Name: HUB TESTING

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air) Table I

19887

AmeriSci		Client	Dilutis	Air	Area *	* Analytical	Asbestos Structures Detected	tructures I	Detected	Structure Density	ure ity	Structure Concentration	ure ration	Type
Sample #	S	Sample #	Factor (liters)	ruiered (liters)	Factor (liters) (sq. mm.)	Sensitivity (struc/cc air)	0.5-5.0	(Microns) >=5.0	Total	(struc/sq. mm.)	l. mm.)	(struc/cc air)	c air)	Jo ,
01 inside	Inside	79		1260		0.0046	0.0	1.0	1.0	15.1	15.1	>=50 0.0046	Total 0.0046	Asbestos
02 inside	Inside	80		1260	990.	0.0046	2.0	0.0	2.0	<15.1	30.3	<0.0046	0.0092	chrysotile
03 inside	Inside	81		1260	990.	0.0046	0.0	0.0	0.0	<15.1	<15.1	<0.0046 <0.0046	<0.0046	NSD
04 inside	Inside	82		1260	990.	0.0046	1.0	1.0	2.0	15.1	30.3	0.0046	0.0092	chrysotile
05 inside	Inside	83		1260	990.	0.0046	0.0	0.0	0.0	<15.1	<15.1	<0.0046 <0.0046	<0.0046	NSD
06 outside**	Outside	84		1200										
07 outside**	Outside	85		1200										
08 outside**	Outside	98		1200								•		
09 outside**	Outside	87		1200										
10 outside**	Outside	88		1200										
11 blank**	Inside Blank	68		0										
12 blank**	Outside Blank	96		0										
13 blank** I	Lab Blank	16		0										

^{*} concentration represented by the detection of 1 structure ** not analyzed

Reviewed By M NSD: No Asbestos Structures Detected

Mean Total Structure Density For Inside Samples: 15.1 structures/sq. mm. -; Analyzed By: Sandhya Gunasekara

Date: 10/16/2008

NVLAP#: 102079-0

sample area analyzed

Client Name: HUB TESTING

Job#: 508101185

Volume (liters): 1 260.0

Lab Sample #: 01

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 79 Received: 10/15/08

Grid Opening Size: 0.00944

mm2

Date Analyzed: 10/16/08

16:00:00

Area Examined: 0.06608 mm2

Magnification: 20,000

Scope #: h6

Accelerating Voltage: 100 KeV

Analysis Performed by:

New .

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μΜ	Width μΜ	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A7-4/6C	1	NSD								
A7-4/6E	2	1	12.5	.2	Chrysotile	Matrix	"Mg, Si, Fe"	\]
A7-4/6F	3	NSD	Ì							
A7-4/6G	4	NSD			i					
A8-5/4F	5	NSD				ļ				
A8-5/6F	6	NSD							<u> </u>]]
A8-5/1E	7	NSD							厂]
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NSD: No Asbestos Structures Detected

7 1 0 1	Structure Density (str/mm2) 15.1 <15.1 15.1	Concentration (str/cc air) 0.0046 <0.0046 0.0046	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10%
1			Particulate Even
	1	7 (str/mm2) 1 15.1 0 <15.1 1 15.1	7 (str/mm2) (str/cc air) 1 15.1 0.0046 0 <15.1 <0.0046 1 15.1 0.0046 1 15.1 0.0046

sample area analyzed

e arca

Client Name: HUB TESTING

Job #: 508101185

Lab Sample #: 02

Client Sample #: 80

Received: 10/15/08

<u>Date Analyzed:</u> 10/16/08 <u>Scope #:</u> h6 Volume (liters): 1 260.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

16:00:00

					Sandnya Gu	Hasekara				
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
49-3/6G	1	1	4.8	.04	Chrysotile	Matrix	"Mg, Si, Fe"	\	V	
49-3/6H	2	1	1.5	.03	Chrysotile	Matrix	"Mg, Si, Fe"	/	V	
49-4/1F	3	NSD								ļ
\9-4/1G	4	NSD	İ]			[•
10-4/3B	5	NSD				1				ł
10-4/3C	6	NSD				j		l		
10-4/1C	7	NSD	ļ					ľ		
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >=5 microns:		Structure Density (str/mm2) 30.3 <15.1 <15.1	Concentration (str/cc air) 0.0092 <0.0046 <0.0046	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Peplion < 50%
Total Non-Asbestos Structures: Total Asbestos Structures: Analytical Sensitivity:	2	30.3 15.1	0.0092 0.0046	Folded Replica < 50%Filter Loading < 10%Particulate Even

sample area analyzed

Client Name: HUB TESTING

<u>Job #:</u> 508101185

Lab Sample #: 03

16:00:00

Client Sample #: 81

Received: 10/15/08 Date Analyzed: 10/16/08

Scope #: h6

Volume (liters): 1 260.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2 Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

					Sandiny a Ga					
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B6-5/6G	1	NSD								
B6-5/6H	2	NSD								
B6-5/4G	3	NSD						1		
B6-5/4H	4	NSD								
B7-3/3H	5	NSD							 	
B7-3/3K	6	NSD		1					<u></u>	
B7-4/6H	7	NSD]		
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >= 5 microns: Total Non-Asbestos Structures: Total Asbestos Structures:	7 0 0 0	Structure Density (str/mm2) <15.1 <15.1 <15.1 <15.1	Concentration (str/cc air) <0.0046 <0.0046 <0.0046	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10%
Total Asbestos Structures: Analytical Sensitivity:	U	<15.1 15.1	<0.0046 0.0046	Particulate Even

16:00:00

sample area analyzed

Client Name: HUB TESTING

Job #: 508101185

Lab Sample #: 04

Client Sample #: 82
Received: 10/15/08

Date Analyzed: 10/16/08

Scope #: h6

Volume (liters): 1 260.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2
Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by: ______

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B8-5/1E	1	NSD						<u> </u>	 	1
B8-5/1F	2	NSD			1	İ				
B8-5/1G	3	NSD					<u> </u>			1
B8-5/1H	4	1	6	.04	Chrysotile	Matrix	"Mg, Si, Fe"	1	~	l
B8-5/1H	4	2	1.2	.1	Chrysotile	Bundle	"Mg, Si, Fe"	,	V	
B9-5/3E	5	NSD]	1	G			
B9-5/3F	6	NSD]				
B9-5/4E	7	NSD								
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >= 5 microns: Total Non-Asbestos Structures: Total Asbestos Structures:	7 2 0 1	Structure Density (str/mm2) 30.3 <15.1 15.1	Concentration (str/cc air) 0.0092 <0.0046 0.0046	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10% Restricted Frame
Analytical Sensitivity:		15.1	0.0046	▼ Particulate Even

sample area analyzed

Client Name: HUB TESTING

<u>Job #:</u> 508101185

Lab Sample #: 05

Client Sample #: 83 Received: 10/15/08

Date Analyzed: 10/16/08

Scope #: h6

Volume (liters): 1 260.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

16:00:00

_	·····		me			~ unioniyu C	Junasekara				
ļ	ocation	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	/ EDS	Orient	. SAED	Photo
	10-4/6B		NSD								
	10-4/6C		NSD		İ	İ	ł	Ì		ļ <u>-</u>	
	10-4/6E	3	NSD	[İ	[<u> </u> -	
	10-4/6F	4	NSD]		ļ	1	<u>-</u>	
	10-4/4C	5	NSD	ŀ			İ			 -	
	0-4/4E	6	NSD	ł	1		Í		İ	-	
B1	0-4/4F	7	NSD	1				ļ		Ĭ `	
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NSD: No Asbestos Structures Detected

T L C L C	_	Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:		<15.1	< 0.0046	□ Grid Openings Covered > 50%
-	0	<15.1	< 0.0046	✓ Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<15.1	< 0.0046	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0046	▼ Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0046	Particulate Even



CHAIN OF CUSTODY RECORD

AMERISCI JOB#:

508101185

AMERISCI BOSTON 8 School Street Weymouth, MA 02189 Toll Free (888) 724-5221 Phone (781) 337-7642

ADDRESS: PROJECT INFORMATION ANALYSIS TYPE B 12 HR 12 HR 24 HR 45 HR 72 HR 5 DAY OTHER INFORMATION: ITEMMAHERA TEMMALERA TOTHAL TIME	www.amerisci	.com			 						Fax (781	337-7642
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TRANSACTION REPORT

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DATE START T. RECEIVER OCT.16 11:59AM 17818934414

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Please Reply To:

AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

Lynne Whitcraft

HUB TESTING

Fax #: (781) 893-4414 From: Sandhya Ganaselan.

Job#: 508101185

AmeriSci Job #:

Subject: AHERA Protocol 24 hour Results

19887 Client Project:

Email:

Date:

Thursday, October 16, 2008

Time:

12:07:49

Comments:

Number of Pages:

(including cover sheet)

· CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you.

HB

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

	(781) 893-8330	(781) 893-4414 (fax)	
Report for:	FINAL CLEARAN Howhill Publ	62 5	
Contractor:	Compas vosta	ontino	·
Job Site:	Whittier mid	ldle school-office	
Date:	10/16/08	NOW JOSEPH OF THE	<u></u>
VISIBLE DEBRIS	NOTED ON:	YES NO	
1. FLOORS			
2. WALLS	بالتنام		
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CONTRACTOR NOTIFIED.	on-site		
CIH'S SIGNATURE		DATE	**************************************
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(HB)

HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for:	Howall	Public	Schools	Hub ID: Date: Calibration I	Method:	19893 10/16/08 rotomber				
Contractor:	Compass	MZtarof	100	Rotometer #	:	(-11				
Job Site:	Wither M	<u>3. Mis</u>	10 Con off care	Type of Sam	pling:	devo	ne			
Calibration:			Core	-						
Pump Number	DA DV	5. QC	0000	_ 123A	H-3 19	47 C	43.0	143-E		
Pre-Calibration	8.4 8	4 8.4	8.4 8.	1 P-	8-	8-	12	8-		
Post-Calibration	8.4 8.	4 8.4	8.4 8.6	1 8	8	8	8	2		
Average Flow	8.4 8.	4 8.4	8.4 8.6	1 8	F	F	8	8		
Quality Control:										
Blank #1 Result	Blank #2 Result		Reference Slide ID	Result	Mean		Range	***		

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
94	Inside UST	COA	12:30	3:00	1200	1200		
92	Inside . Gynt (Kines	N B	12:30		1	1		
96	Iron radiate		12:30					
94	Inside Challet	BO	12:30					
98	Inside middleby	ME	12:30					
99	Ontsile Stage	H-3A	12:50	2 [¥] 20				
100	Ontswel Stage	4.3B						
101	Outside Stay	M-3C						
102	Outside Cale	4.70						
103	Outside Cake	4-36	V	W		P		

104	Trade Black	
) O2	Project Monitors Signature:	Date 10/16/0X
106	les blank	

Haverhil Whiten



AmeriSci Boston

8 SCHOOL STREET WEYMOUTH, MA 02189 TEL: (781) 337-9334 • FAX: (781) 337-7642

October 17, 2008

HUB TESTING Attn: Lynne Whitcraft 95 Beaver Street Waltham, MA 02453

RE: HUB TESTING Job Number 508101217 P.O. # 19893 19893

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Friday, October 17, 2008, for a 24 hour turnaround:

94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106

Claur

The 13 air samples were sent to AmeriSci via Drop-Box. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,

Asbestos Lap Director

117TATAMO TO TO TANTAME

Client Name: HUB TESTING

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air) Table I

19893

Type	Asbestos	NSD	NSD	NSD	NSD								
intra %cc	>=5.0 Total <0.0049 <0.0049	<0.0049 <0.0049	<0.0049 <0.0049	<0.0049 <0.0049	<0.0049 <0.0049								
acture rasity 'sq. mm.)	ofa <15.1	<15.1	<15.1 <	<15.1 <(< 5.1								
Str De (struc	 	<15.1	<15.1	<15.1	<15.1								
Detected Total	0.0	0.0	0.0	0.0	0.0								
Structures 1 (Microns)	0.0	0.0	0.0	0.0	0.0								
Asbestos Structures Detected (Microns) 0.5-5.0 >=5.0 Total	0.0	0.0	0.0	0.0	0.0								
* Analytical Sensitivity (struc/cc air)	0.0049	0.0049	0.0049	0.0049	0.0049								
Air Area Filtered Analyzed (liters) (sq. mm.)	990.	990.	990.	990.	990.								
		1200	1200	1200	1200	1200	1200	1200	1200	1200	0	0	0
Dilution Factor													
Client Sample#	94	95	96	76	86	66	100	101	102	103	104	105	901
Ss	Inside	Inside	Inside	Inside	Inside	Outside	Outside	Outside	Outside	Outside	Inside Blank	Outside Blank	Lab Blank
AmeriSci Sample #	01 inside	02 inside	03 inside	04 inside	05 inside	06 outside**	07 outside**	08 outside**	09 outside**	10 outside**	11 blank**	12 blank**	13 blank**

concentration represented by the detection of 1 structure ** not analyzed

4SD: No Asbestos Structures Detected

Reviewed By:

Mean Total Structure Density For Inside Samples: 0 structures/sq. mm. Date: 10/17/2008 ; Analyzed By. Sandhya Gunasekara

VVLAP#: 102079-0

sample area analyzed

Client Name: HUB TESTING

Job #: 508101217

Lab Sample #: 01 Client Sample #: 94

Received: 10/17/08

<u>Date Analyzed</u>: 10/17/08 <u>Scope #:</u> H6 Volume (liters): 1 200.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000
Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

08:00:00

					Sandhya G	unasekara				
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
E7-4/4E	1	NSD								
E7-4/4F	2	NSD]			1		İ	 	
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E7-4/4H	4	NSD	-			ł		j	li-	
E8-5/4B	5	NSD	ł				}		 	1
E8-5/4C	6	NSD	1					1	 -	
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >= 5 microns: Total Non-Asbestos Structures: Total Asbestos Structures:	0 0	Structure Density (str/mm2) <15.1 <15.1 <15.1	(str/cc air) <0.0049 <0.0049 <0.0049	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50% Filter Loading < 10%
Analytical Sensitivity:	0	<15.1 15.1		▶ Filter Loading < 10%▶ Particulate Even

sample area analyzed

Client Name: HUB TESTING

Job #: 508101217

Volume (liters): 1 200.0

Lab Sample #: 02

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 95

Grid Opening Size: 0.00944

mm2

Received: 10/17/08

08:00:00

Area Examined: 0.06608 mm2

Date Analyzed: 10/17/08

Scope #: H6

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
E9-5/4B	1	NSD					 		i i	<u> </u>
E9-5/4C	2	NSD				ŀ				
E9-5/4E	3	NSD				•		1		
E9-5/4F	4	NSD	1			ļ				1
E10-4/6B	5	NSD	1				<u> </u>			
E10-4/6C	6	NSD	ļ]	[1		
E10-4/6E	7	NSD		ľ			1 1			
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures:		Structure Density (str/mm2) <15.1 <15.1	Concentration (str/cc air) <0.0049 <0.0049	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50%
Asbestos Structures >=5 microns: Total Non-Asbestos Structures:	0	<15.1	<0.0049	✓ Undissolved Filter < 10% ✓ Folded Replica < 50%
Total Asbestos Structures: Analytical Sensitivity:	0	<15.1 15.1	<0.0049 0.0049	✓ Filter Loading < 10%✓ Particulate Even

sample area analyzed

Client Name: HUB TESTING

Job #: 508101217

Volume (liters): 1 200.0

Lab Sample #: 03

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 96

Grid Opening Size: 0.00944

mm2

Received: 10/17/08

08:00:00

Area Examined: 0.06608 mm2

Date Analyzed: 10/17/08

Scope #: H6

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

					Sundinya Ci					
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orlent.	SAED	Photo
A1-4/4E	1	NSD							<u> </u>	
A1-4/4F	2	NSD	ĺ					1		1
A1-4/4G	3	NSD	l						-	
A1-4/4H	4	NSD						ĺ		
E2-5/4B	5	NSD	!		}			1		
E2-5/4C	6	NSD]				ļ			
E2-5/4E	7	NSD				ĺ	1	1		
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NSD: No Asbestos Structures Detected

Amphibole Asbestos Structures:	7 0 0	Structure Density (str/mm2) <15.1 <15.1 <15.1	Concentration (str/cc air) <0.0049 <0.0049 <0.0049	Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% Folded Replica < 50%
Total Non-Asbestos Structures: Total Asbestos Structures: Analytical Sensitivity:	0	<15.1 15.1	<0.0049 0.0049	Folded Replica < 50% Filter Loading < 10% Particulate Even

sample area analyzed

Client Name: HUB TESTING

Job #: 508101217

Lab Sample #: 04
Client Sample #: 97

Received: 10/17/08

Date Analyzed: 10/17/08

Scope #: H6

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2
Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

08:00:00

					Sandnya G					
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
A3-3/6B	1 1	NSD							Pina.	
A3-3/6C	2	NSD				ĺ	1		<u> </u>	}
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NSD: No Asbestos Structures Detected

!		Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:	0	<15.1	<0.0049	₩ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0049	✓ Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<15.1	< 0.0049	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0049	▼ Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0049	Particulate Even

sample area analyzed

385 mm2

Client Name: HUB TESTING

<u>Job #:</u> 508101217

Lab Sample #: 05

Client Sample #: 98

Received: 10/17/08 Date Analyzed: 10/17/08

Scope #: H6

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE

Grid Opening Size: 0.00944

Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

08:00:00

	· · · · · · · · · · · · · · · · · · ·				Sanunya G	unasekara				
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
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NSD: No Asbestos Structures Detected

•	7 0	Structure Density (str/mm2) <15.1	Concentration (str/cc air) <0.0049	Grid Evaluation ✓ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0049	✓ Intact Grid Opening > 50%
Asbestos Structures >= 5 microns: Total Non-Asbestos Structures:	0	<15.1	<0.0049	✓ Undissolved Filter < 10%✓ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0049	▼ Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0049	▼ Particulate Even



CHAIN OF CUSTODY RECORD

AMERISCI JOB #: 5 0 8 1 0 1 2 1 7

AMERISCI BOSTON 8 School Street Weymouth, MA 02189 Toll Free (888) 724-5221 Phone (781) 337-9334 Fax (781) 337-7642

www.arrenst	a.com					 ,		!		ione (10	1) 221-8
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Please Reply To:

AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whiteraft

HUB TESTING

Fax#: (781) 893-4414

From: Sandhya Gunasekara

AmeriSci Job #: 508101217

AHERA Protocol 24 hour Results

Client Project: 19893

Subject:

Email:

Date: Friday, October 17, 2008

Time: 13:17:25

Comments:

Number of Pages:

(including gover sheet)

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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

	FINAL CLI	EARANCE FORM	
Report for:	Haurhill	Public Schoo	25
Contractor:	Compas.	1 restration	
Job Site:	Whitiu	middle Scho	d gream
Date:	10/16/0	8	
VISIBLE DEBRIS N	OTED ON:	YES	NO
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HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for:	Have	hill f	Public	- Sho	ol	Hub ID: Date: Calibration N	Method:	19894 10/16 rotoneter			
Contractor:	Comp		HOORE	<u></u>		Rotometer #:		2-1	1	····	
Job Site:	<u>White</u>	er mi	ddu.	<u>jchool</u>		Type of Sam	pling:	Cle	rall		
Calibration:											
Pump Number	C-4	71-6	N-5	104	00	01	13	HUPP	111-9	И	
Pre-Calibration	10	10	10	10	10	10	10	10	10	10	
Post-Calibration	10	10)()	10	16		(1)	10	10	10	
Average Flow	10	10	10	10	13	10	10	10	10	10	
Quality Control:											
Blank #1 Result	Blan Resu	l l	1	Reference Slide ID		Result	Mean		Range		

Sample LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
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109	triside pecar	N-2	1:05	3:11	126	1260		
110	Inside right ad	104	1:04	3:14	124	1040		
UI	traile Print right		1:10	3:14	124	1240		
1100	outside carigo	. () l	1:40	3:45	192	1250		
113	Cutsile Cravino		1:40	3:45	195	1250		
114	Ohtsile mehas	Hub 10	1:45	3:45	190	1200		
195	Chtside Brown	TV-9	1.48	3:50	122	1990		
116	atsite start	10	1:52	3:52	120	1200		

Project Monitors Signature: Me Date 10/16

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AMERI SCI

AmeriSci Boston

8 SCHOOL STREET WEYMOUTH, MA 02189 TEL: (781) 337-9334 • FAX: (781) 337-7642

October 17, 2008

HUB TESTING Attn: Lynne Whitcraft 95 Beaver Street Waltham, MA 02453

RE: HUB TESTING Job Number 508101218 P.O. # 19894 19894

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Friday, October 17, 2008, for a 6-8 hour turnaround:

107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119

The 13 air samples were sent to AmeriSci via Drop-Box. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,

Bryan H. Clark Asbestos Lab Director

ALLINOUS TOU #. DUOLULLIN

Client Name: HUB TESTING

Table I

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

19894

concentration represented by the detection of 1 structure ** not analyzed ISD: No Asbestos Structures Detected

Reviewed By:

Sandhya Gunasekara

Date: 10/17/2008

Mean Total Structure Density For Inside Samples: 0 structures/sq. mm.

IVLAP#: 102079-0

sample area analyzed

Client Name: HUB TESTING

Job #: 508101218

Volume (liters): 1 300.0

Lab Sample #: 01

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 107

Grid Opening Size: 0.00944

)944 mm2

Received: 10/17/08

08:00:00

Area Examined: 0.06608 mm2

<u>Date Analyzed:</u> 10/17/08 <u>Scope #:</u> H6

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

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Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	t. SAED	Photo
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B4-4/6G	4	NSD				İ	İ		<u> </u>	
B5-4/6C	5	NSD		ł		ł	1	1		1 .
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NSD: No Asbestos Structures Detected

		Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:	0	<15.1	< 0.0045	✓ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0045	✓ Intact Grid Opening > 50%
Asbestos Structures >= 5 microns:	0	<15.1	< 0.0045	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0045	₩ Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0045	Particulate Even

sample area analyzed

Client Name: HUB TESTING

Job #: 508101218

Lab Sample #: 02

Client Sample #: 108

Received: 10/17/08

Date Analyzed: 10/17/08

Scope #: H6

08:00:00

Volume (liters): 1 250.0 Filter Type / Filter Area: MCE

385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

					Bananya Ga					
Location	Grid Opening	Fiber	Length μΜ	Width μΜ	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C1-4/4C	1	NSD							Г	
C1-4/4E	2	NSD				1	1			
C1-4/4F	3	NSD								
C1-4/4G	4	NSD				{				
C2-4/3E	5	NSD								i
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NSD: No Asbestos Structures Detected

		Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:	0	<15.1	< 0.0047	✓ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0047	✓ Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<15.1	< 0.0047	▼ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0047	Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0047	Particulate Even

sample area analyzed

385 mm2

Client Name: HUB TESTING

Job #: 508101218

Lab Sample #: 03

Client Sample #: 109
Received: 10/17/08

Date Analyzed: 10/17/08

Scope #: H6

Volume (liters): 1 260.0

Filter Type / Filter Area: MCE

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

08:00:00

F					Bandinya O	unuscikara				
Location	Grid Opening	Fiber	Length µM	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
C3-4/4C	1	NSD]			<u> </u>			
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C3-4/4F	3	NSD		}	1	Í	1		ĺ⊢	
C3-4/4G	4	NSD			ł	1	1		<u></u>	
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NSD: No Asbestos Structures Detected

Total Grid Openings: Chrysotile Asbestos Structures:	7 0	Structure Density (str/mm2) <15.1	Concentration (str/cc air) <0.0046	Grid Evaluation ✓ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0046	✓ Intact Grid Opening > 50%
Asbestos Structures >= 5 microns:	0	<15.1	< 0.0046	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0046	Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0046	▼ Particulate Even

08:00:00

sample area analyzed

385 mm2

Client Name: HUB TESTING

Job #: 508101218

Lab Sample #: 04

Client Sample #: 110 Received: 10/17/08

Date Analyzed: 10/17/08

Scope #: H6

Volume (liters): 1 270.0

Filter Type / Filter Area: MCE

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2 Magnification: 20,000

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

					Sandiya Ci	unasckara				
Location	Grid Opening	Fiber	Length μΜ	Width µM	Fiber Type	Morphology	EDS	Orient	. SAED	Photo
C5-4/4C	1	NSD							<u> </u>	
C5-4/4E	2	NSD			İ	1			1 □	İ
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NSD: No Asbestos Structures Detected

		Structure Density	Concentration	
Total Grid Openings:	7	(str/mm2)	(str/cc air)	Grid Evaluation
Chrysotile Asbestos Structures:	0	<15.1	< 0.0046	✓ Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<15.1	< 0.0046	✓ Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<15.1	< 0.0046	✓ Undissolved Filter < 10%
Total Non-Asbestos Structures:				▼ Folded Replica < 50%
Total Asbestos Structures:	0	<15.1	< 0.0046	₩ Filter Loading < 10%
Analytical Sensitivity:		15.1	0.0046	Particulate Even

sample area analyzed

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Client Name: HUB TESTING

Job #: 508101218

Lab Sample #: 05

Client Sample #: 111

<u>Received:</u> 10/17/08 <u>Date Analyzed:</u> 10/17/08

Scope #: H6

Volume (liters): 1 270.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2 Area Examined: 0.06608 mm2

Magnification: 20,000 Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

08:00:00

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NSD: No Asbestos Structures Detected

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Total Asbestos Structures: Analytical Sensitivity:	0	<15.1 15.1	<0.0046 0.0046	Filter Loading < 10% Particulate Even



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AmeriSci Job #: 5 0 3 1 0 1 2 1 8

AMERISCI BOSTON 8 School Street Weymouth, MA 02189 Toll Free (888) 724-5221 Phone (781) 337-7642

www.amerisci.c	com L			24 C)	. 3. A. S. E	A for A.	\.,/			Fax (78	1) 33.	7 761
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TRANSACTION REPORT

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Please Reply To:

AmeriSci Boston

8 SCHOOL ST. WEYMOUTH, MA 02189

TEL: (781) 337-9334 - FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whiteraft

HUB TESTING

Fax #: (781) 893-4414 From: Sandhya Ganasekara.

Job #: 508101218

AmeriSci Job #:

AHERA Protocol 6-8 hour Results Subject:

Client Project: 19894

Email:

Date: Friday, October 17, 2008

Time: 12:05:39

Comments:

Number of Pages:

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ATTACHMENT E

LABORATORY DOCUMENTATION PROJECT MONITORING DOCUMENTATION



Printed on Humpiles Hapes

THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

HUB TESTING LABORATORY, INC. 95 BEAVER STREET WALTHAM MA 02154-

LICENSE: AA000013

EXPIRES: Sunday, July 05, 2009

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.08 THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY TO PROVIDE THE ASBESTOS ANALYTICAL SERVICES SPECIFICALLY LISTED BELOW:

CLASS C CERTIFICATE

CLASS B CERTIFICATE

LAURA M. MARLIN, COMMISSIONER

Commonwealth of Massachusetts Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Project Monitor

SUSAN BOYLE

Eff. Date 07/11/2008 Exp. Date 07/10/2009 AM 60770 Organization of St. S. S. S.





Commonwealth of Massachusetts Division of Occupational Safety Laura M. Marlin, Commissioner

Asbestos Inspector

SUSAN BOYLE

Eff Date 07/11/2008 Exp. Date 07:10-2009 AL 60146

NW 000146





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Commonwealth of Massachusetts **Division of Occupational Safety**

Laura M. Marlin, Commissioner

Asbestos Designer

SUSAN BOYLE

Eff. Date 07/11/2008 Exp. Date 07/10/2009 AD 60161 Member of Cloin 5.5

NW 000145





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Commonwealth of Massachusetts Division of Occupational Safety Laura M. Marlin, Commissioner

Asbestos Management Planner

SUSAN BOYLE

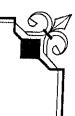
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INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887 (Phone) 978.658.5272

This is to certify that Susan Boyle

has completed the requisite training, and has passed an examination for reaccreditation

Asbestos Designer Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

June 16, 2008

Course Dates

Course Location

Institute for Environmental Education 16 Upton Drive

Wilmington, MA 01887

June 16, 2009 Expiration Date

Training Director

Donate of the Control



Certificate Number

08-3061-128-202989

Examination Date June 16, 2008



16 Upton Drive, Wilmington, MA 01887 (Phone) 978.658.5272

This is to certify that Susan Boyle

has completed the requisite training, and has passed an examination for reaccreditation

Asbestos Project Monitor Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

June 18, 2008

Course Dates

Course Location

Institute for Environmental Education Wilmington, MA 01887 16 Upton Drive

June 18, 2009

Expiration Date

08-3038-174-202989

Certificate Number

Examination Date

June 18, 2008

Training Director

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Project Monitor

MARK BIANCARDI

Eff. Date 05/13/08 Exp. Date 05/12/09 AM000118 Member of C O N.E.S.





INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887 (Phone) 978.658.5272

This is to certify that Mark L Biancardi

has completed the requisite training, and has passed an examination for accreditation

Asbestos Project Monitor

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

October 29-November 2, 2007

Course Dates

Course Location

Institute for Environmental Education
16 Upton David Hill 1977

THE WASTERNAMES

November 02, 2008 Expiration Date

Training Director



07-2547-173-235349

Examination Date

November 02, 2007

ATTACHMENT F CONTRACTOR DOCUMENTATION

Control No: 25081



THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

COMPASS RESTORATION SERVICE SERVICES, LLC 16 PHEASANT RUN BELCHERTOWN MA 01007

AC000695

Saturday, January 10, 2009

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING
TINTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.

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LAURA M. MARLIN, COMMISSIONER

District And District And



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

100077508

Decal Number

Project Revision Notification

	For Asbestos Notification ANF-001 and	AQ 06							
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Massachusetts Department of Environmental Protection Bureau of Waste Prevention - Air Quality

100077508

Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES	Victor Rodrigues
1. Name	Authorized Signature
FIELD OP MNGR	09/19/2008
2. Position/Title	3. Date (mm/dd/yyyy)
COMPASS	4132651569
4. Representing	5. Telephone
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BELCHERTOWN	01007
7. City/Town	8. Zio Code



Commonwealth of Massachusetts

12. Is the job being conducted: Indoors? Outdoors?

Asbestos Notification Form ANF-001

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Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.





INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

1.	a. Is this facility fee exempt - cit residence of four units or less?	y, town, district, ☑ Yes ☐ No	municipal housing	authority, owner-o	ccupied	
	b. Provide blanket decal numbe	Blanket Decal Number				
2.	Facility Location:					
	WHITTIER MIDDLE SCHOOL		256 CONCORD STREET			
	a. Name of Facility		b. Street Address			
	HAVERHILL	MA	01830	978 3745782	til kontrolleret på somheret fra millings i had trollege unde somh alleg segula	
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4.	Is the facility occupied? Yes	No	J.	4111001	e. Noon	
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5.	Asbestos Contractor:					
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	VICTOR L RODRIGUES	AS070692				
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Asbestos Notification Form ANF-001

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2. Is the facility owner-occupied residential with 4 units or less? Yes No			
CITY OF HAVERHILL a. Facility Owner Name 4 SUMMER STREET9 b. Address	Vi provinciji ili memo rajde fenore ngaze siste k ngaze ngaz		
HAVERHILL 01830 (978) 374-5725	reference from the feet for the feet of the feet		
c. City/Town d. Zip Code e. Telephone Number (area code and extension)	a a sinag saaga asaba asaba asaba ilikakka sib ad		
JEFF DILL 4 SUMMER STREET	A Charles National Color of the Color and Color Color on Color		
a. Name of Facility Owner's On-Site Manager b. On-Site Manager Address			
HAVERHILL 01830 (978) 374-5725			
c. City/Town d. Zip Code e. Telephone Number (area code and extension)	e i ne mani e e e e e e e e e e e e e e e e e e e		



Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

Asbestos Notification Form ANF-001

100077508

Decal Number

B	. Facility Description (d	ont.)		
=	COMPASS RESTORATION SE	RVICES LLC.	16 PHEASANT RUN	nd dividis e dila yi ili kepinggi kawasa manggali midi kacama in kadali andono sanandaday mida midi kacay kacay
Э.	a. Name of General Contractor	element mark as a challen marketing frame of the challenges of t	b. Address	
	BELCHERTOWN	01007	(413) 265-1569	nagananag ga arah arah sasan da saga arah sasan arah sagan arah sasan basan basan basan basan basan da sagan b
	c. City/Town	d. Zip Code	e. Telephone Number (are	a code and extension)
	ATLANTIC CHARTER INS CO	and the second of the second s	WCV00808000	12/4/2008
	f. Contractor's Worker's Comp. Insurer	na propositiva i inglis i i inglis na desperata i inglis na desperata i i inglis na desperata i i i inglis na d	g. Policy Number	h. Exp. Date (mm/dd/yyyy)
3	What is the size of this facility?		25000	1
	Tracto the size of this facility?		a. Square Feet	h Number of floore

C. Asbestos Transportation and Disposal

4.	MINERVA ENTERPRISES INC	1	MINERVA ENTERDRICES
	independent that mad be about a supplementation of the supplementati	d. Zip Code	e. Telephone Number
	c. City/Town	d Zin Code	
	The state of the s	The state of the s	b. Address
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3.	NA	Stem with a fill for a may a second of both a principal second of Automatical States	Content the free with the first activated and the content of the second that the content of the
	c. City/Town	d. Zip Code	e. Telephone Number
	BLOOMFIELD	06002	8602182428
	a. Name of Transporter	To proceed the second s	b. Address
	RED TECHNOLOGIES	~ To break White and a serial line are serial line.	10 NORTHWOOD
2.	ransporter of asbestos-contain	ing waste materia	al from removal/temporary site to final disposal site:
_	·	•	e. Telephone Number
	c. City/Town	d. Zip Code	Thombone Niver to
	The state of the s	r a beginned i vragi vorga a romanjivih jehodi vezivizi i slodo da 14 si mani kativali	D. Address
	a. Name of Transporter	elläpajaja oli ki kijuella da mijyileen essekoli ki filmigerya ya dada il kilopinski ya jaga	The following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the following the section of the
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	Committee of the commit		

44688

f. Zip Code

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

D. Certification

OH

e. State

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

a. Final Disposal Site Location Name

9000 MINERVA ROAD

c. Final Disposal Site Address

VICTOR RODRIGUES	VICTOR RODRIGUES
a. Name	b. Authorized Signature
FIELD OP MGR	08/29/2008
c. Position/Title	d. Date (mm/dd/yyyy)
4132651569	COMPASS RESTORATION
e. Telephone Number	f. Representing
16 PHEASANT RUN	and the second s
q. Address	19 P. P. P. P. P. S. S. S. S. S. S. S. S. S. S. S. S. S.
BELCHERTOWN MA	01007
1. City/Town	i. Zip Code

MINERVA ENTERPRISES

WAYNESBURG

g. Telephone Number

d. City/Town

3308663435

b. Final Disposal Site Location Owner's Name



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

100077508

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES	Victor Rodrigues
1. Name	Authorized Signature
FIELD OP MNGR	09/16/2008
2. Position/Title	3. Date (mm/dd/yyyy)
COMPASS	4132651569
4. Representing	5. Telephone
16 PHEASANT RUN	
6. Address	A Bill in State of the State of the Advanced and a state of the State
BELCHERTOWN	01007
7. City/Town	8. Zip Code



Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

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100077508	
Decal Number	ليسا

	A. Asbestos Abatem	ent Descri	otior	(cont)	·
	13. Total amount of each type encapsulated:	of Asbestos Con	tainin	Materials (ACM) to be removed.	Wad and
		3600	-		wed, enclosed, or
	a. Total pipes or ducts (linear ft)	b. Total other st	irfazza	7	
	 Boller, breaching, duct, tank surface coatings 		i. ft.	d. Insulating cement	
	e, Corrugated or layered paper pipe insulation		, n. , fl	f. Trowel/Sprayer coatings	Lin. ft. Sq. f
	g. Spray-on fireproofing	Un. ft. Sq.		h. Transite board, wall board	Lin. ft. Sq. ft
	i. Cloths, woven fabrics	Lin. ft. Sq.		j. Other, please specify:	Lin. ft. Sq. ft.
	k. Thermet, solid core pipe insulation	2650 300 Lin. ft. So)0 #	VAT	Lin, ft. Sq. ft.
	14. Describe the decontaminatio	n system(s) to be	e Hood	. , ,	A STATE OF THE PROPERTY OF THE
	CONTIGUOUS 3 CHAMBER	DECON WHEN			
	45 P		EVER	FEASIBLE OTHERWISE R	EMOTE
	6.14(2) (g):	/disposal method	is to c	omply with 310 CMR 7 15 am	d 453 CMR
	6 MIL POLYETHYLENE BAC	38 SEALED WIT	H DU	CTTARE	7
	16. For Emergency Asbestos Ope	War to the party of the party o		b, Title	he emergency:
	c. Date (mm/dd/yyyy) of Authorization		JI	d. DEP Waiver #	
	e. Name of DOS Official		٦ [A LIMITED IN	
	- California		····	. DOS Official Title	-
	1		-		The state of the s
· ·	g. Date (mm/dd/yyyy) of Authorization				
	g. Date (mm/dd/yyyy) of Authorization		1	. DOS Walver#	
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a 1	7. Do prevailing wage rates as per	r M.G.L. c. 149, §	1	DOS Waiver# 7 or 27A~F apply to this proj	ect? ☑ Yes ☐ No
a 1	g. Date (mm/dd/yyyy) of Authorization 7. Do prevailing wage rates as per 8. Facility Description	г M.G.L. с. 149. §	1	DOS Waiver# 7 or 27 A~ F apply to this proj	ect? ☑ Yes ☐ No
o 1	7. Do prevailing wage rates as per B. Facility Description	r M.G.L. c. 149, § SCHOOL	1	DOS Waiver# 7 or 27A~F apply to this proj	ect? ☑ Yes ☐ No
o 1	7. Do prevailing wage rates as per particular. Facility Description Current or prior use of facility: Is the facility owner-occupied res	SCHOOL	Fi 26, 2	7 or 27A~F apply to this proj	ect? ☑ Yes ☐ No
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o 1 o E	7. Do prevailing wage rates as per 8. Facility Description Current or prior use of facility: Is the facility owner-occupied res CITY OF HAVERHILL a. Facility Owner Name	SCHOOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 or 27A-F apply to this projection of the proje	ect? ☑ Yes ☐ No
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Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

100076566

Decal Number

Project Revision Notification For Asbestos Notification ANF-001 and AQ 06

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return





INSTRUCTIONS

- 1. This form is only available for online filing of project date revisions.
- 2. Enter project decal number.
- 3. Validate that the project location is correct for the entered docal.
- 4. Enter your new project dates.
- 5. Certify your notification. Submit date changes.

. Facility Location				· · · · · · · · · · · · · · · · · · ·
HAVERHILL STADIUM			***	
1. Name of Facility	**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
LINCOLN AVENUE 2. Street Address				
HAVERHILL		MA		
3. City		4. State		6. Zip Code
6 Talaphona Number			* 1	·

LINCOLN AVENUE	
2. Street Address	7
HAVERHILL	MA
3. City	4. State 6. Zip Code
6, Telaphone Number	<u>.</u>
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. Project Cancelled	
	•
Check here if this project is/was cancelled.	
Project Dates	
8/25/2008	8/29/2008
Original Start Date (mm/dd/yvyy)	2. Original End Date (mm/dd/vyvy)
3. Latest Revised Start Date (mm/dd/yyyy)	4. Latest Revised End Date (mm/dd/yyyy)
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Revised Project Dates	
Revised Floject Dates	
	9/2/2008
Revised Start Date (mm/dd/yyyy)	2. Revised End Date Date (mm/dd/yyyy)
Other Project Revisions	
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F.	Revision History	
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Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

100076566 Decal Number

Project Revision Notification For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge

VICTOR RODRIGUES	Victor Rodrigues	
1. Name	Authorized Signature	····
FIELD OP MNGR	08/27/2008	
2. Position/Title	3. Date (nan/dd/yyyv)	
COMPASS	4132651569	
4. Representing	5. Telephone	,,
16 PHEASANT RUN		
6. Address	A STATE OF THE STA	
BELCHERTOWN	01007	
7. City/Town	8. Zip Code	

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Job Name:	1.76	Flier Middle S	chool	Date: Job Number:	
Site Supervisor:		i R. C.		ense Number:	
Safety Topic:	C)	Taro Falls			
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Employee R	loster		· · · · · · · · · · · · · · · · · · ·		
Name	7 .	Signature	License #	Time In	Time Ou
JAUL A	Codrige	Jak Hody	ASC1983	7:05	1 5 35
Ken Hu	INVS Ch	A Ken To Storm	ANO 74222	200	15135
Lulu Osta) CM/	Yale Day	AW073641	7'05	15:35
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	Thitties Midalle	*	Job Number:	
Site Supervisor:	Ack Rodrigo		icense Number:	
Safety Topic:	lectrical Society	Art at the late at	Lunch:	
Employee Rost		4		
Name	Signature	License #	Time In	Time C
Indi Rologo	Jack Koolingo	A561983	7:15	15.3
Luke Ostobne	- Mule Colone	#W073641	7.15	15:5
Zac Walned	Par Marker ?	15073144	7:15	15.55
Mark Burs	Mel 12	AMORDIK	7/5	15:3
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Job Name:	Whit	her Middle School		Job Number	: 7-29-68
Site Supervisor:			License Number:		
Safety Topic:			Lunch:		
Employee R	oster				
lame		Signature	License #	Time In	Time Out
Zac Nadard		Do Medard	AS013444	7:30am	15:35
Nathan Roz	luszta	WH RICKE	AU074248		15:35
Ken H.	vilo-	Ken the Land	AW074222	730	15:35
Mull Man	人	~~~	HMOORSY	N:00	4:00
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Describe days	activitie	s and events: Prep	+ AbAT	ment.	
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Wego					
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Daily Log			Date.	9-30-08
ob Name: Wh	Hien Middle Sci	100/	Job Number:	
ite Supervisor: JA	ek Bodrigo		cense Number:	**************************************
	ectrical	********	Lunch:	
•	•			
mployee Rostei	Signature	License #	Time In	Time Out
- 0 "	1 / / / /	1561985	700	1530
JACK Bode	G. A.L.	ASU1344	700	1530
Zoc Vodas el	27/20/20/20/	Aw74222	700	1530
Ken Humster	A COLO	AWTYTUS	700	15-30
Note Rozkuszka		YMCO,113	420	4.00
Mark But	me ne	AWCC 113	<i>J</i> (% (C)	77.00
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Describe days activ	vities and events:	······································		
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Continue	Abatement - M	ANOM. ter	2.3.Q-	Very ge
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	hange Ney A	in Filt	ens - (WASTE)	

ob Name: ()	Free Middle Son	lund	Job Number:	
ite Supervisor:	4. Rodows		ense Number:	
afety Topic: $\frac{-\sqrt{f_c}}{\sqrt{g}}$	TRIL Sofety		Lunch:	**************************************
	· carrier of		-	
mployee Roster		······		
ame // 1	Signature	License #	Time In	Time Out
JACK Royley	I for Moderate	AS61983	7.05	15:40
Ken Hymich	m /122 -1/20	19-2074252	7:05	15:40
Vother Rolling	Matha Blocka	AW074248	7:05	15:40
Mak Bunk	mi	KINCOU 48	YW	1100
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Describe days activ	ities and events: Abaic	+ Clenw	Pipe + 9	round(1)
A Scrub P	ities and events: Abate ipe + Fittings nawometer 3. e wo All Bags	- Check O - Serap	Contain c soil	round(1) rent B
A Scrub P	ipe + Fittings nawometer 3.	- Check O - Serap	Contain c soil	+ bog
A Scrub P O.K P DICT - TAP 3:00 PM - 7	nawometer 3. e up All Bags To the waste	- Check O - Serap - Bag o Teniler -	Coutain Soil UT WAS	Te AT
A Scrub P O.K P DICT - TAP 3:00 PM - 7	nawometer 3. e up All Bags To the waste	- Check O - Serap - Bag o Teniler -	Coutain Soil UT WAS	Contain Mantin
A Scrub P O.K P DICT - TAP 3:00 PM - 7	pe + Fittings nanometer 03.	- Check O - Serap - Bag o Teniler -	Coutain Soil UT WAS	Contain Mantin
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A Scrub P O.K P DICT - TAP 3:00 PM - 7	nawometer 3. e up All Bags To the waste	- Check O - Serap - Bag o Teniler -	Coutain Soil UT WAS	Contain Mantin

Job Name:	1:11-1	tier Middle	School		Job Number:	
Site Supervisor:	· ·	Bodrio.	<u> </u>	Lic	ense Number:	······································
Safety Topic:	Place	TRICAL SAN	ety		Lunch:	
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Employee F	koster	Signature A A		License #	Time In	Time Out
Name	20:	Signature		21983	700	15,40
JACK M	ONFIGE	The state of the s			700	
Ren Hu	m. Ster	N H N TE	7/	<u>~074222</u>	700	15:40
Valpun In	zAuszko.	11.10		1074248		400
Mark is	<u>. </u>	Im m	···	1400 113	9·W	4:0
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						<u> </u>
Describe day	/s activiti	ies and events:	Pump	"a)n+e	7 0	pe 50,1
4	TER	ies and events: - IN boiler Up Area	Pump AREA DrAII	Leak	R - Sern	pe Soil
· A W	TER	IN bailer	ARKA	Leak	1	pe Soil
Water Water	- VAC	IN boiler Up AREA STAINMENT FROM 118 9	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT FROM 118 9	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT FROM 118 9	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN bailer	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT FROM 118 9	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H
Water Water	- VAC	IN boiler Up AREA STAINMENT Approx 118 gr CAHELL F N K CONTAIN I	AREA - DEAIN - TO Ulans	Leak WATER Hopefull Of 9500	ing from	pe Soil y groun + Bay Some Ter-H

Safety Topic:	Electe	ical	and the same of th	Lunch	±
Employee R	oster				
Name		Signature	License #	Time In	Time
JACK RO	drip	Jack Mali	AS61983	.700	15
Ken Hu,	m/86-	1 Run 11 X	- HWOT422	2 700	1530
Zac Waa	loved	Buff	15073844	700	1530
Max my		m	AMCCXY/3	400	4100
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Doscribe days	: activitie	es and events: ().)/- 0 (-) 0		1- 1
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A UNION	<i>س</i> ـ ا	ols + Suppli		, ,	Acea A Suit Wall
A UNION	d To	ols + Suppli	es - FARM	, ,	Acen A Suit
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Job Name: (//	liffier Middle	Sc-bool	Job Number	:
Site Supervisor:	hittier Middle Ack Redrige Lection ter		icense Number:	***************************************
Safety Topic: F	1 Start	·	Lunch	<u> </u>
		, , , , , , , , , , , , , , , , , , ,		•
Name / / / /	Signature	License #	Time In	Time Ou
JACK Rodin	po for hour	PS61983	700	1600
Ked Hum?	ston / Kon The	- Hrow74222	200	1600
NATE ROCK	TKA :	3	700	1600
Mak none	it m	Amounty	400	1600
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Describe days ad	Pipe - 10 F7	Tipe Repair	+ fum 2 - (4) 1	" Temp
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e days activities and events: & By Tolk of All Debris IN CONTACT	icense # (20)83 207(222 73844 ACONTS	Time In 700. 700. 40	Time On
e days activities and events: & By Tolk of All Debris in Contact The pump out water - Contact Signature Li All All All All All All All	66983 DET (222 73844 ALUVIIX	Time In 700 700. 40	Time On 1 HOC 1400
e days activities and events: & By Tolk if All Debtis in Contact Thursport water C	66983 DET (222 73844 ALUVIIX	700. 700. 40	1400
e days activities and events: & BATTER-CI	66983 DET (222 73844 ALUVIIX	700. 700. 40	1400
e days activities and events: & BA TO CONTAIN	2273844 13844 10018	700. 700. 400.	18608
e days activities and events: & BA TO CONTAIN	73844 AWHX	700. 400.	18608
e days activities and events: & BASTER TO CHARLES IN CONTACTOR CON	ACUPITY	i/- k	
e days activities and events: & BASTS LIK UP ALL DESTIS IN CONTACT + pump OUT WATER - CI	ear se	i/- k	16/00 18/00
e days activities and events: & BASTS LIK UP ALL DESTIS IN CONTACT + pump OUT WATER - CI	ear se	sil-k	2 BAS
e days activities and events: & By rack if All Debris in Contact thump out water - Co		sil-fo	2 BAS
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Luke	Ostavrue	100	·	775	1549
Mark	_ Bv~_	ma	Amadis	4.00	154
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Date: 10-9-08 **Daily Log** Job Name: Job Number: License Number: Site Supervisor: Safety Topic: Lunch: **Employee Roster** License # Time In Name Signature Time Out 700 Describe days activities and events: Page 1 of ____

Job Name: (1)6	Aire Middle Mis	lelle	Job Number:	10-10-
	a Radrizo		cense Number:	
Safety Topic:	Tricis		Lunch:	
Employee Roste	r			
Name /	Signature //	License #	Time In	Time O
Jack Robins	In the Poder	A561983	400	1530
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Zoc Abdard	Par Moderal "	15013944	7:00 au	1530
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Site Supervisor:	ر سیسی	0 1 -	U J C N O		cense Number:	
	Elect	Rodrigo		<u></u>		····
Safety Topic:	C/e/7	RICAL'	<u></u>		Lunch:	
Employee F	Roster					
Name /)	Signature	<i>a</i>	License #	Time In	Time Ou
JACK HO	low	1 Cach Pa	10/10	AS61983	0700	15-21
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Site Supervisor: Safety Topic: C/c CHLLA/ Employee Roster Name Signature License # Time in Time of 15 Jan 15	Safety Topic: C/ecThical			ense Number:	
Employee Roster Name Signature Sign			Lunch:		
Describe days activities and events: A "A REA - Prep Tile AR Check Containment A" Area - ok Manameters 30 Very good Neg Air - Continue to Scrape - Build Hard BAFFIET IN Music RM - CONTAIN TAREA WASTE AT END OF DAY INTO TRAILER - Prev					
Describe days activities and events: \(\frac{1}{4} \) Area - Prep \(\frac{1}{4} \) AREA - Prep \(\frac{1}{4} \) AREA - Prep \(\frac{1}{4} \) AREA - Prep \(\frac{1}{4} \) AREA - OK MANDMETERS 30 Very good Neg Air - Continue to Scrape - Build Hard DAFFIET IN Music Rm - Contain The Area Visual Area to Abate - WASTE AT END OF day into trailer - Prev		0	License #	Time In	Tîme C
Describe days activities and events: A "AREA - Prep Tile AR Check Containment A" Area - OK MANDMETERS 30 Very good Neg Air - Continue to Scrape - Build Hard barrier in Music Rm - Contain to Area Visual Area to Abare - Waste AT END of day into trailer - Prev	Tark Rodrico July D	oduse)	A561983	O_{ℓ}	150
Describe days activities and events: A" Area - Prep Tite AR Check Containment A" Area - ok Manameters 30 Very good Neg Air - Continue to Scrape - Build Hard barrier in Music RM - Contain T Area Visual Area to Abate - Waste AT END of day into trailer - Prev	Zar Maland			0700	الحدكم
Describe days activities and events: \(A' AREA - \intro \text{Frep Tite AR } \) Check Containment A" Area - OK MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music Rm - Contain T Area Visual Area to Abate - WASTE AT END of day into trailer - Prev	LAC MINING	**;		•	
Describe days activities and events: A' AREA - Prep Tile AR Check Containment A" Area - OK MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard BAFFIET IN Music RM - CONTAIN TO Area Visual Area to Abate - WASTE AT END OF day INTO Trailer - Prev					
Describe days activities and events: \(A' AREA - Prep \) //- AR Check Containment A" Area - OK MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music Rm - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Prev		<u>,, , , , , , , , , , , , , , , , , , ,</u>			
Describe days activities and events: \(A' AREA - Prep \) //- AR Check Containment A" Area - OK MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music Rm - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Prev		<u>, , , , , , , , , , , , , , , , , , , </u>			
Check Containment A" Area - ok MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music RM - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Pre-				•	
Check Containment A" Area - ok MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music RM - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Pre-					
Check Containment A" Area - ok MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music RM - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Pre-					
Check Containment A" Area - ok MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music RM - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Pre-					
Check Containment A" Area - ok MANDMETERS 30 Very good Neg AIT - Continue to Scrape - Build Hard barrier in Music RM - Contain to Area Visual Area to Abate - WASTE AT END OF day into trailer - Pre-					
	Describe days activities and events	A" Area	,	Prep Ji	- AR
	Check Containment of .30 Very good Neg -Build Hard barrier Area Visual Area WASTE AT END OF	A" Area - IN M.	- ok Coutinu sic RM	- CONT	Scrape LAIN Y
	Check Containment of .30 Very good Neg -Build Hard barrier Area Visual Area WASTE AT END OF	A" Area - IN M.	- ok Coutinu sic RM	- CONT	Scrape LAIN Y
	Check Containment of .30 Very good Neg - Build Hard barrier Area Visual Area WASTE AT END OF	A" Area - IN M.	- ok Coutinu sic RM	- CONT	Scrape LAIN Y
	Check Containment of .30 Very good Neg - Build Hard barrier Area Visual Area WASTE AT END OF	A" Area - IN M.	- ok Coutinu sic RM	- CONT	Scrape LAIN Y
	Check Containment of .30 Very good Neg - Build Hard barrier Area Visual Area WASTE AT END OF	A" Area - IN M.	- ok Coutinu sic RM	- CONT	Scrape LAIN Y

Daily Log				Date:	10-16-0
Job Name:	Whit	Fier Middle Scho	0/	Job Number:	
Site Supervisor:	JACK	0 1-	L.i	icense Number:	
Safety Topic:	5/20	TRICAL SAFETY		Lunch:	
Employee R					
Name	<u> </u>	Signature/	License #	Time In	Time Out
JAGE /	dra	lank forso	MS61983	ajao	15-30
Zac XIAO	long	I ray Roland	AS73844	0400	15 30
		d 15			
				<u>.</u>	
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Describe days	s activiti	es and events: A TIA	AREA	Re-FUN	B'Aires
P Conta	inme	st Tile Ares	r OK	MANDI	netee At.
900d f	low 1	AboTe All Tile	+ FINAL	Clean	- VISUA
OKI - K	ON A	irs - Re-A	UN Air	5 "B"	Area
CleAN +	Loc	k Down Are	a - Vesa	10.	
To se su	W Ac	,	WAST		100
To TAI					1
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	······································				
	A				
-//-/-/-	<i>///</i>				
11 / //	Xan I)			Page 1 of
Supervisor's	signatur	•		v	

Daily Log			Date:	10-17-08
Job Name: 4)h, f	Fier Middle School		Job Number:	
Site Supervisor: JAC	k Rodrigo		cense Number:	
	trical Safe TIV		Lunch:	
Employee Roster				
Name / /	Signature /	License #	Time In	Time Out
Jack Redia	They had so	A561983	700	1550
Jan 100 Fg	Ja Jacq		700	0 / 30
LAC WARRIE	\$ 3,			
			•	
				<u> </u>
Describe days activi	ties and events: Tear Low	N TUNNEL	A+B	
Teardown To	INNEL "A" AREA -	Load	4/1 Supp.	lies to
TRailer - All	couptment Neso	1 to be	CLEANER	•
thru Diet	Floor -		· · · · · · · · · · · · · · · · · · ·	90
- 0		power+	Equiator	ent the
OUT AREA	DUT All Equiptine		boiler AR	PEA - A//
1 1		1 11	die 7 f/08	4 4 /
	0 1 - 10	- Wash		equistmens
WASTE LOAde	//	-y - Ne	<u>.</u>	eic Dig
Leque over	Weekend to di	1	1	. / /
disconverted	1-Told Mond	AY MOTH	NS 6.30	by School
Host consigna	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		***************************************
1 1				
11/1/5)			Page 1 of
Supervisor's Signature	ure			

Job Name: /	Mittier Middle Sch	/	Job Number: License Number:		
Site Supervisor:	Tral Rading	<i>auf</i> Li			
Safety Topic:	THER PROMIGO	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lunch:		
			Luncn:		
Employee Ros		License #	Time In		
Name	Signature	License #	i ime in	Time 0	
Jack Roal	igo frestation	A5111983	9-	1/-	
			•		
Describe days a	ctivities and events:				
Describe days a	ectivities and events: PRAME FILL-Y	o Eoup			
Describe days a	ectivities and events: Park-y VC SSIC	o Eoup			
Describe days a	ectivities and events: Parkey VL SSI	o Eoup			
Describe days a	ectivities and events:	e Eoup			
Describe days a	ectivities and events:	e Eoup.			
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Describe days a	activities and events:	e Eoup			
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Describe days a	activities and events:	o Eoup			
Describe days a	activities and events: PANAWA - PICK-Y	e Eoup		Page 1 c	



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EMPLOYEE EXPOSURE DATA STEEL
Batch Number: (For lab use only) Job#: Task No.: Job Name: Whitten Middle School (Compass #) (if applicable) (location/site) Sample ID#: OF OF OF OF OF
Job#: (if applicable)
Employee ID#: 8/65 // (DATE-SAMPLE NO.) ex. XXI 1227 (Date-SAMPLE NO.) ex. XXI 1227 (Date-Sample No.) ex. XXI 1227
SSN:
8-Hr. 1V/A: ()
Sample Pump Serial Number: VEY Flow Rate: Pre 2 / Post /65 ACM Type (1-11): Activity (A-L): Flow Rate: Pre 2 / Post /65 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points) Time On: 15 Time Off: Total Time (minutes): 30 Respirator (1-3):
Time On: 10/3 Time Off: 10 Total Time (minutes): 3 Company
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: FIBERS: RECOUNT F/100: Analyst cv:
This Sample (dualited and and and and and and and and and an
Other Employees Represented by That Name Respirator (1-3)
Employee ID# (last 4 digits of SSN) Name Name Name
1) 001
2)
3)
4)
5)
6)
7)
8) Chamical (4) = Mastic-Blastrak (5) = Spray-on FP
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
OIL - Covehage ITED
(9) = Transite Pipes (17) (12) = Other Surfacing Materials (12) = Other Surfacing Materials (13) = IMISC (14) = Glovebag Prep (15) = Glovebag Prep (16) = Glovebag Removal (F) = Patch/Repair (17) = Enclosure (18) = Transite Pipes (19) = Glovebag Prep (19) = Glovebag Removal (19) = G
(L) = Other
Respirators: (1) = Half-Face Neg. Press. That (4)
Samples Collected By: Competent Person Supervisor Name)



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TO 4.3 Niconalisan	(For lab use on	ly) , , ,	
Batch Number:	[For lab use on [ask No.:] (if applicable)	ob Name: White	Meddle School
Job#:	Task No.:(if applicable)	(location/s	iite)
Employee ID#: 8/6	Sample	ID#: 10-17-08	- 3/
Employee ID#: 8/6-	ligits of SSM)	(DATE-OAMI ESTA	
SSN:	- 8/63	where XX-Month,	
Sample Pump Serial N	Tumber: <u>JE 00 ?</u> . 8-I	Hr. TWA:(V)	30 Min. EXC.:(^)
ACM Type (1-11):	Activity (A-L):(enter only	Flow Rate: y1 activity) (between 0.5	Pre 2// Post /65 0 to 2.50 LPM, -2 decimal points)
Time On:	Time Off: 15 30 Total	Time (minutes):	Respirator (1-3):/
(For Lab use only)			
FIBERS:	RECOUNT F/100:	ANALYST CV:	
Other Employees Rep	presented by This Sample (at	tached additional sheet	ir necessary):
Employee ID# (last 4	COONI	Name	Respirator (1-3)
1) 00ウ	2.	NACLASO	
2)			and the same of th
			
5)			
6)			
7)			
8)			
(6) = 1	TSI (2) = VAT (3) = Mastic-C Roofing Shingles (7) = Roofir Transite Pipes (10) = Ceilir Other Surfacing Materials Prep/Pre-clean (B) = Gross	True Lotter Double (11	\ = Putty/Caulks
(H) =	Glovebag Kemoval (1) = 1 and = Wrapping (1) = Clean-	up (j) = Enclosure	(K) = Encapsulation
	Other Half-Face Neg. Press. HEPA	(2) = PAPR (3) = Type	"C"
Respirators: $(1) =$	nau-race iveg. 1 1	_	Compace
Samples Collected	By: / Kvc/	Company: rvisor Name)	Co. pro-



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EMPLOYEE EXPOSORE DIVE
Batch Number: (For lab use only) Job#: Task No.: Job Name: Uh. #res Malle School (location/site) (Compass #) (if applicable) (location/site)
Job#: Task No.: (location/site)
(Compass #) (if applicable) Sample ID#: 8/6.3 No. Compass #) Sample ID#: 6/6.3 No. Compass #) Sample ID#: 6/6.3 No. Compass #)
Employee ID#: 8/6.3 / NOW (DATE-SAMPLE NO.) ex. XXYYZZ-1 (Date-Sample No.) ex. XXYYZZ-1
where We Morning 22 and 3
8-Hr. TWA:(V)
ACM Type (1-11): Activity (A-L): Between 0.50 to 2.50 LPM, -2 decimal points)
Time On: 920 Time Off: 950 Total Time (minutes): 30 Respirator (1-3):
(For Lab use only)
ANALIOT CV
Other Employees Represented by This Sample (anatheu authors) Respirator (1-3)
Employee ID# (last 4 digits of SSN) 2 No
2)
3)
4)
5)
6)
7)
8)
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Party/Caulks
(b) = Rooming Daining Color (10) = Ceiling Tile/Glue Daubs (11) = 1 day/ Calaba
(12) - Other Surfacing Materials - 1 Class (D) = Glovebag lTeD
(E) = Glovebag Kemovai (I) = Inclosure (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other
Respirators: (1) = Half-Face Neg. Press. HEFA (2)
Company: (Oy)
Samples Collected By: 100 (Competent Person/Supervisor Name)



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Dotah Number	(For lab use only)
	Task No.: Job Name: (Un Hier Middle School) (if applicable) (location/site)
Job#:(Compass =	#) (if applicable) (location/site)
Tlower ID#:	Sample ID#: 10-16-08 - 0/ (DATE-SAMPLE NO.) ex. XXYYZZ-1 ast 4 digits of SSM)
(la	where XX-Month, YY-day, ZZ-year
SSN:	
Sample Pump Se	rial Number: \/ K CO / O-FH. IVVIII - V
ACM Type (1-11)	Hith 1 that 1 that 1 that 1 that 1 that 1 that 1 that 1 that 2 th
Time On: 670	Time Off: 1530 Total Time (minutes): 480 Respirator (1-3):
(For Lab use onl	y)
FIBERS:	RECOUNT F/100: ANALYST CV:
Other Employee	es Represented by This Sample (attached additional sneer it necessary).
	Name Respitator (1-0)
1) 00	(last 4 digits of SSN) Z. NAJA
2)	
3)	•
4)	
5)	
6)	
<u>7) </u>	
8)	
A CDA Townson	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
1	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Middle State (4) = Middle State (4) = Middle State (4) = Middle State (4) = Middle State (4) = Middle State (5) = Transite Panels/Siding (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (11) = Putty/Caulks (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (13) = Misc. (14) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Demolition (G) = O&M/cleaning
·	(12) = Other Surfacing Materials (12) = Other Surfacing Materials (13) = Other Surfacing Materials (14) = Other Surfacing Materials (15) = Glovebag Prep
Activities:	(A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (B) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
Respirators:	(1) = Half-Face Neg. Press. HEPA (2) = PATK (3) 1) PC
Samples Coll	lected By:



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EIVIT LOTTE GAS
Batch Number: (For lab use only) Job#: Task No.: Job Name: White it Middle School (Compass #) (if applicable) (location/site) Sample ID#: 10 15-08 - 03
Job#: Task No.: Job Name: (location/site)
(Compass #) Sample ID#: 10 -15 - 03 - 03 Sample ID#: 10 -15 - 05 - 03
(last 4 digits of SSN)
where $x = -8/63$
8-Hr. TWA: (V) 30 Willi. Exc
ACM Type (1-11): Activity (A-L): Flow Rate: Pre // Post // Prost /
Time On: 12 Time Off: 13 Total Time (minutes): 30 Respirator (1-3):
(For Lab use only)
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: ANALYST CV: AN
Other Employees Represented by This Sample (attached additional street in Recession)
11/14001706
1) 00}
2)
3)
4)
5)
6)
7)
8) 7. (5) - S
- 1 (A) - Mastic-Slastrak (5) = 5ptay-out 1
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Wastic Blas
(0) - Transite Pines (10) - Cambo (10) - Micc
(12) = Other Surfacing Materials The 1 Class (D) = Clovebag Prep
Activities: (A) = Prep/Pre-clean (b) = Oloss Activities: (G) = Demolition (G) = O&M/cleaning
(E) = Glovebag Removal (F) = Patch/Repair (G) = Demonstration (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(^*/
(4) IT-16 Face New Press. HEPA (2) -1811 (9) -71
Company: Company
Samples Collected By: J. Hock r. Company: Company: Company: Competent Person/Supervisor Name)



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LIVAL DU ALLE
Batch Number: (For lab use only)
Batch Number: (For lab use only) Job#: Task No.: Job Name: (location/site) (Compass #)
(Compass #)
Employee ID#: \$/6.3 / CEV 6 GATE-SAMPLE NO.) ex. XXYYZZ-1
where XX-Month, YY-day, ZZ-year
Sample Pump Serial Number: TR 007 : 8-Hr. TWA: / (*) 30 Min. EXC.: _ (*)
ACM Type (1-11): Activity (A-L): B Flow Rate: Pre 2// Post // S (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: Time Off: Total Time (minutes): #80 Respirator (1-3): /
(For Lab use only)
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: ANALYST CV: ANALYST CV:
FIBERS: RECOUNT 1/100.
Other Employees Represented by This Sample (attached additional sheet if necessary):
Employee ID# (last 4 digits of SSN) Name Respirator (1-3)
Employee ID# (last 4 digits of SSN) Name Respirator (1-3)
1) ODD Z. NAVAUL
2)
3)
4)
5)
6)
7)
8)
T . 1 (A) - Mastic-Blastrak (5) = Spray-on FP
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc.
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Demolition (G) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other (O) = $PAPR$ (3) = Type "C"
(L) = Other
Company: OMASS
Samples Collected By: (Competent Person/Supervisor Name)



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	Corla	huse only)		
Batch Number:	(FOI 18	v 1 Blooms	1)	
Job#:	Task No.:(if app	Job Name: <u>c</u> Jicable)	(location/site)	
(Compass #) Employee ID#: 8/6		Sample ID#: 10	4-08 -	02
Employee ID#: 8/6	digits of SSN)	(DATI	2-OVINI CIT LACE CON .	
CONT	- 8/63		e XX-Month, YY-	· · · · · · · · · · · · · · · · · · ·
Camala Dumn Serial	Number JR 007	8-Hr. TWA:	(^) 30	Min. EXC.: V
ACM Type (1-11):	Activity (A	-L): 8 (enter only 1 activity)	Flow Rate: Pre (between 0.50 to 2.	50 LPM, -2 decimal points)
Time On: 1330	Time Off: <u>/350</u>	Total Time (minu	ites): <u> </u>	Respirator (1-3):
(For Lab use only)			2.00T CS7.	
FIBERS:	_RECOUNT F/100:_	ANAL	YSTCV:	
Other Employees R	epresented by This S	ample (attached add	IIIOIMI SHCC. XI X-	<i>y,</i>
Employee TD# (last	t 4 digits of SSN)	Name	Λ <u>1</u> 5	espirator (1-3)
				<u></u>
4)				
5)				
6)				
7)				
8)	· · · · · · · · · · · · · · · · · · ·			
· cm s.m (1)	= TSI (2) = VAT (3) =	= Mastic-Chemical (4	l) = Mastic-Blastra	ık (5) = Spray-on rr . /Ciding
(6) =	= Koomis omnsies /,	7	. Davidso (11) = 1	Priffy/Caulks
(9) =	= Transite Pipes (1	0) = Ceiling Tile/ Giu	(13) = 3	(D) = Glovebag Prep (G) = O&M/cleaning
(12)	= Other Surfacing Ma	N - Gross Removal	(C) = Final Clean	(D) = Glovebag Prep
Activities: (A)		11.1 7 (1) (1)	(G) = Demolition	(G) = O&M/cleaning (K) = Encapsulation
(E) (H)	I = Glovebag Removal I = Wrapping (I)=Clean-up	J) = Enclosure	(K) = Encapsulation
	, , , , ,		P(3) = Type''C'	
Respirators: (1)) = Other) = Half-Face Neg. Pre	ss. HEPA $(2) = PAP$	K (5) - 13 pc	7
	TRI		Company:	Sapass
Samples Collecte	(Competent Per	on/Supervisor Nam	ne)	/



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Batch Number:	(For lab use only)
Job#:	Task No.: Job Name: White Malole School (if applicable) (location/site)
(Compass	#) 01/2 Block 10-14-08 -0/
Employee ID#: \(\sqrt{1} \)	(DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN: -	- 3/6.3 Where 700
Cample Pump Se	erial Number: JROO7: 8-Hr. TWA: 1 (V) 30 Min. EXC.: (V)
ACM Type (1-11)): / Activity (A-L): Flow Rate: Pre 2.// Post / Ost (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: <u>07</u>	Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1
(For Lab use onl	(y)
morne.	RECOUNT F/100: ANALYSI CV:
Other Employe	es Represented by This Sample (attached additional sheet if necessary):
Omer Emproy of	(last 4 digits of SSN) Name Respirator (1-3)
Employee 1D#	(last 4 digits of SSN) Name Respirator (1-5)
1) 000	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (2) = Chingles (7) = Roofing Other (8) = Transite Panels/Siding
	(6) = KOORRO DRIUGICO VI ANDRO - 1 - (41) = Drifty / Caniks
	(12) = Other Surfacing Materials (D) = Glovebag Prep
Activities:	(9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Tutty/Catalog (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Factorize (K) = Encapsulation
Respirators:	(L) = Other
	Company: (10055)
Samples Col	(Competent Person/Supervisor Name)



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www.compassrestorationservices.com

Batch Numbe	r:(For lab use only)
Job#:	Task No.: Job Name: White Middle School (if applicable) (location/site)
(Comp	(in applicable) (totallon) state)
Employee ID:	#: 8/63 Rodrigo Sample ID#: 10-10-08 - 03 (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN:	8/6.3 where XX-Month, YY-day, ZZ-year
	Serial Number: <u>TR 007</u> 8-Hr. TWA: () 30 Min. EXC.: ()
ACM Type (1	-11): / Activity (A-L): B Flow Rate: Pre 2 // Post 1.65 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, -2 decimal points)
	Time Off: 1320 Total Time (minutes): 30 Respirator (1-3):
(For Lab use c	only)
FIBERS:	RECOUNT F/100:ANALYST CV:
Other Employ	yees Represented by This Sample (attached additional sheet if necessary):
Employee ID	# (last 4 digits of SSN) Name Respirator (1-3)
1) 003	K. Homiston /
2) ტე2	3. Natour
6)	
7)	
8)	
ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc.
Activities:	(A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other
Respirators:	(1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
	- /1 /



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Batch Number: (For lab use only)
Job#: Task No.: Job Name: 4)h, #ier M.old/e School (Compass #) (if applicable) (location/site)
Employee ID#: 8/63 Rod Sample ID#: 10-10-08 O/ (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN: 8/63 where XX-Month, YY-day, ZZ-year
Sample Pump Serial Number: 18007 8-Hr. TWA: 10 30 Min. EXC.: (1)
ACM Type (1-11): Activity (A-L): Activity (A-L): Flow Rate: Pre 2.// Post //6 (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 0700 Time Off: 1530 Total Time (minutes): 510 Respirator (1-3):
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary):
Employee ID# (last 4 digits of SSN) Name Respirator (1-3)
1) 00.3 Ka Humiston / 2) 062 Z. Nadaud /
2) 062 2. Nadaud 1
3)
4)
5)
6)
0)
7)
7) 8)
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials
7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation



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EMPLOYEE EAROSONS PARTY
Batch Number: (For lab use only) Lob Name: White Middle School
Job#: Task No.: Job Name: White Middle School (location/site)
Employee ID#: 8/63 Flowers Sample ID#: 70-4 (DATE-SAMPLE NO.) ex. XXYYZZ-1 (DATE-SAMPLE NO.) ex. XXYYZZ-1
WILE OF THE PARTY
SSN:
ACM Type (1-11): Activity (A-L): (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 13 Time Off: 13 Total Time (minutes): 30 Respirator (1-3): 1
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: ANALYST CV: Analysis on a sheet if necessary):
Other Employees Represented by This Sample (attached additional sheet if necessary): Respirator (1-3)
Other Employees Represented by This Banque (Name Respirator (1-3)
Employee ID# (last 4 digits of SSN) Name Name
K. Homistor
1) 003
1) 003 2) 064
2) 064 L. OSboura
3)
3) <u>4)</u>
3)
3) 4) 5) 6)
3) 4) 5)
 3) 4) 5) 6) 7)
4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (6) = Roofing Shingles (7) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
4) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (I) = Enclosure (K) = Encapsulation
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (E) = Glovebag Removal (T) = Clean-up (T) = Enclosure (T) = Encapsulation (L) = Other (T) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Celling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Celling Tile/Glue Daubs (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (14) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (F) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation



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n NI	(For lab use only)
Batch Number: _	Task No.: Job Name: Whittier Middle School (if applicable) (location/site)
Job#: (Compass	Task No.: (location/site)
Employee ID#:	8/63 Nodrico Sample ID#: 70 / 00 (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN:	- 8/63 where XX-Month, YY-day, ZZ-year
Sample Pump S	Gerial Number: <u>JR 087</u> 8-Hr. TWA: <u>/</u> (
ACM Type (1-1	1): Activity (A-L): Flow Rate: Pre 2:// Post /.63 (enter only 1 activity) (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: <u>67</u>	Time Off: 1500 Total Time (minutes): 480 Respirator (1-3):
(For Lab use on	RECOUNT F/100: ANALYST CV:
Other Employee	ees Represented by This Sample (attached additional sheet if necessary):
	Name Respirator (1-3)
	(last 4 digits of SSN) Name Name (Nespitator (15)
	Oshorale
3)	
4)	
<u>4)</u> 5)	
4) 5) 6) 7)	
4) 5) 6) 7) 8) ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
4) 5) 6) 7) 8) ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (1) = Clean-up (J) = Finclosure (K) = Encapsulation
4) 5) 6) 7) 8) ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (1) = Clean-up (J) = Finclosure (K) = Encapsulation
4) 5) 6) 7) 8) ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation



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Batch Number:	(For lab use only)	
rr 1. NT	. Iob Name:	
Job#: Task No. (Compass #)	(if applicable) (loc	ation/site)
Employee ID#: 8/63 No.	- U	
- 8/6J	where XX-	Month, YY-day, ZZ-year
Sample Pump Serial Number:	JR 007 8-Hr. TWA: (*	30 Min. EXC.:(V)
ACM Type (1-11):	Activity (A-L): Flow (enter only 1 activity) (be ff: // 45 Total Time (minutes):_	Rate: Pre 2// Post 1/6 S tween 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 11 Time Of	ff: // 45 Total Time (minutes):_	30 Respirator (1-3):
(For Lab use only)	ANALYST C	'V:
FIBERS: RECOUL	NT F/100: ANALYST C	
Other Employees Represented	by This Sample (attached additional	sneet if necessary).
Employee ID# (last 4 digits of	SSN) Name	Respirator (1-3)
1) 003	SSN) HUMUTON OS bourde	
0 04//	Osbourde	
2) 004		
3)		
4)		
5)		
6)		
7)		
0)		
8)	VAT (3) = Mastic-Chemical (4) = Mastic-Chemical (7) = Roofing Other (8) = Trai	stic-Blastrak (5) = Spray-on FP
ACM Types: $(1) = TSI (2) =$	VAT (3) = Mastic-Chemical (\pm) Find white National (7) = Roofing Other (8) = Translational (Called Daub)	nsite Panels/Siding
(6) = Rooling Sr	singles (7) = Rooming Onter (6) From the pes (10) = Ceiling Tile/Glue Daub	s (11) = Putty/Caulks
(9) = Transite 1 $(12) = Other Sur$	facing Materials	(13) = Misc
Activities: (A) = Prep/Pre (E) = Glovebag (H) = Wrappin	P-clean (B) = Gross Removal (C) = $\frac{1}{10}$ Removal (F) = Patch/Repair (G) = $\frac{1}{10}$	
	g (1) = Clean up	
	8 (-7	Type "C"
(L) = Other	Neg. Press. HEPA (2) = PAPR (3) =	Type "C"



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	_		(For lab use of	nlv)			
Batch	Number: _		(I OI IND RIDE OF	T.I. Name	White	Middle School ite) -01	
Job#:		Task No.:	(if applicable)	Jon Name:	(location/s	ite)	
	(Compass	#) 	(in apparent)	.m#. /// -	8-08	-01	
Emple	oyee ID#:_	8/63 Rodrige last 4 digits of SSM)	Sample	(DAT	E-SAMPLE NO.	ex. XXYYZZ-1	
CONT		- 8163				YY-day, ZZ-year	
55IN:			1 ^^	ω- 'Τ ' Α/Δ•	V (V)	30 Min. EXC.:(')	
Samp	ole Pump S	erial Number: <u>0</u> 7	2007 0	·III. 144/20	()	n 1 // Part 1.65	
ACM	Type (1-1	enter only 1 type) Activ	rity (A-L):(enter or	aly 1 activity)	Flow Rate: (between 0.5	Pre 2.// Post //65 0 to 2.50 LPM, - 2 decimal points)	
Time	On: <u>67</u>	Time Off:	Z Total	Time (minu	ites): <u>480</u>	Respirator (1-3):/	•
(For	Lab use on	<u>ly)</u>		_			
FIBE	ERS:	RECOUNT F	/100:	ANAL	YS1 CV:		
Oth	er Employe	es Represented by	This Sample (a	ittached add	itional sheet	II HECESSHIY).	
		(last 4 digits of SSI		Name '		Respirator (1-0)	
	AA 2	(1110.11-8		Humisto	ine		
1)				OSbour	Ne		
<u>2)</u>	•						
<u>3)</u>						•	
<u>4)</u>							
<u>4)</u> 5)							
5) 6) 7)							
5) 6) 7)				Climl (A) = Mastic-Bla	astrak (5) = Spray-on FP	
5) 6) 7)		(1) = TSI (2) = VA	T (3) = Mastic-	Chemical (4) = Mastic-Bla = Transite P	astrak (5) = Spray-on FP anels/Siding) = Putty/Caulks	
5) 6) 7)	CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes	T (3) = Mastic- les (7) = Roofi (10) = Ceili	Chemical (4 ng Other (8) ng Tile/Glu	Daubs (11) = Putty/Caulks	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci	T (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials	Chemical (4 ng Other (8) ng Tile/Glu	Daubs (11 (13 (13 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17) = Putty/Caulks) = Misc cop(D) = Glovebag Prep	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci (A) = Prep/Pre-cle	T (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials an (B) = Gros	Chemical (4 ng Other (8) ng Tìle/Gluc s Removal	Daubs (11 (13 (C) = Final Cl) = Putty/Caulks) = Misc ean (D) = Glovebag Prep tion (G) = O&M/cleaning	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci (A) = Prep/Pre-cle (E) = Glovebag Re (H) = Wrapping	I (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials ean (B) = Grose moval (F) = Pat (I) = Clear	Chemical (4 ng Other (8) ng Tìle/Gluc s Removal	Daubs (11 (13 (C) = Final Cl) = Putty/Caulks) = Misc ean (D) = Glovebag Prep tion (G) = O&M/cleaning	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci (A) = Prep/Pre-cle (E) = Glovebag Re (H) = Wrapping (L) = Other	I (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials _ ean (B) = Grose moval (F) = Pat (I) = Clear	Chemical (4) ng Other (8) ng Tile/Glue s Removal (1) ch/Repair	2 Daubs (11 (13 (C) = Final Cl (G) = Demoli () = Enclosure (3) = Type) = Putty/Caulks) = Misc ean (D) = Glovebag Prep tion (G) = O&M/cleaning (K) = Encapsulation "C"	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci (A) = Prep/Pre-cle (E) = Glovebag Re (H) = Wrapping (L) = Other	I (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials _ ean (B) = Grose moval (F) = Pat (I) = Clear	Chemical (4) ng Other (8) ng Tile/Glue s Removal (1) ch/Repair	2 Daubs (11 (13 (C) = Final Cl (G) = Demoli () = Enclosure (3) = Type) = Putty/Caulks) = Misc ean (D) = Glovebag Prep tion (G) = O&M/cleaning (K) = Encapsulation "C"	
5) 6) 7) 8) A(CM Types:	(1) = TSI (2) = VA (6) = Roofing Shing (9) = Transite Pipes (12) = Other Surfaci (A) = Prep/Pre-cle (E) = Glovebag Re (H) = Wrapping (L) = Other	T (3) = Mastic- les (7) = Roofi (10) = Ceili ng Materials an (B) = Grose moval (F) = Pat (I) = Clear g. Press. HEPA	Chemical (4) ng Other (8) ng Tile/Glue s Removal (1) ch/Repair	2 Daubs (11 (13 (C) = Final Cl (G) = Demoli () = Enclosure (3) = Type) = Putty/Caulks) = Misc ean (D) = Glovebag Prep tion (G) = O&M/cleaning (K) = Encapsulation "C"	



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Batch Number: (For lab use only) Job#: Task No.: Job Name: Unit ies Middle School (location/site) (Compass #)
Job#: Task No.: Job Name: OUTITY (location/site)
(Compass #) (if applicable)
Sample ID#: 10 - 2 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
(DATE-SAMPLE NO.) ex. AAT ILLE (DATE-SAMPLE NO.) ex. AAT ILLE
Job Name: White Property Job Name: White State of Sex Sample ID#: Job Name: Wh
TYATA V
Sample ruling Section 7. How Rate: Pre 7. // Post / 65
Sample Pump Serial Number: VE OO 8-Hr. IVAL ACM Type (1-11):
Time On: Time Off: Total Time (minutes): Respirator (1-3):
(Tak waa anly)
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary): ORESDITATION (1-3)
Other Employees Represented by This Sample (attached atta
Employee ID# (last 4 digits of SSN) Name Name
2. NACHOU
Employee ID# (last 4 digits of SSN) Name Respirator (1-3) Name Respirator (1-3) Name Respirator (1-3) Name Respirator (1-3)
2) OO3
3)
4)
5)
6)
7)
8)
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Island: Branch Siding (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
(6) = Roofing Shingles (7) = Roofing Other (8) = Hattaske (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc
(13) = Other Surfacing Materials (13) = Wisc (13) = Clovebag Prep
(9) = Transite Pipes (10) = Ceiling Tile/Glue Datibs (11) = I dity/Catalogy (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Cost Removal (C) = Final Clean (D) = Ceiling Tile/Glue Datibs (11) = I dity/Catalogy (13) = Misc. (13) = Misc. (14) = Ceiling Tile/Glue Datibs (I3) = Misc. (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I3) = Misc. (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I3) = Misc. (I4) = Ceiling Tile/Glue Datibs (I4) = Misc. (I4) = Ceiling Tile/Glue Datibs (I4) = Misc. (I4) = Ceiling Tile/Glue Datibs (I4) = Misc. (I4) = Ceiling Tile/Glue Datibs (I4) = Ce
777 Line approximation (AMMINICAL LITE - LANGUAGE - 1771 Line approximation)
(E) = Glovebag Removal (7) (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other (N) = $\frac{1}{2}$ (N) = $\frac{1}$
Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPK (5)
Company: CompASS
Respirators: (1) = Half-Face Neg. Press. HETA (2) Company: Compan



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Batch Number: (For lab use only)	<i>a</i> /
Batch Number: (For lab use only) Job Name: (Included School (X) [
Employee ID#: 8/6 \ /CX/1/12 Sample ID#: 10 10 10 NOON 77.1	
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1	
SSN: S/63 where XX-Month, YY-day, ZZ-year	
Sample Pump Serial Number Te CO / 8-Hr. TWA: (*) 30 Min. EXC.: (*)	
ACM Type (1-11): Activity (A-L): Flow Rate: Pre /// Post (between 0.50 to 2.50 LPM, -2 decimal points	·)
Time On: 1700 Time Off: Total Time (minutes): Respirator (1-3):	4
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV:	
Other Employees Represented by This Sample (attached additional sheet if necessary):	
Poenirator (1-3)	
Employee ID# (last 4 digits of SSN)	
1) 002 Z. NACAUCI	
1) 002 Z. NACLAUD 2) 003 K. Humeron	
3)	
4)	
5)	
6)	
7	
8)	
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc.	
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glove big Fre (E) = Glove bag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleanin (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation	
(L) = Other Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"	;
Respirators: (1) = Half-Face Neg. Pless. Hill (2) Company: Compan	
Samples Collected By: 1000 Competent Person/Supervisor Name)	



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	(For lab use only)
Batch Number: _	Task No.: Job Name: Uhttentholdle School (if applicable) (location/site) 8/6 S Roy Sample ID#: 10 - 6 - 08 - 02
Job#:	Task No.: Jon Name: Central (acation/site)
(Compass	8/65 Sample ID#: 10 - 6 - 08 - 0 2 (DATE-SAMPLE NO.) ex. XXYYZZ-1
Employee ID#:_	last 4 digits of SSN) Sample 1D#: /// (DATE-SAMPLE NO.) ex. XXYYZZ-1
(where XX-Month, YY-day, ZZ-year
SSN:	Gerial Number: 1R 007 8-Hr. TWA: (*) 30 Min. EXC.: (*)
Sample Pump S	Gerial Number: 1/2 00 / 8-Hr. IWA:
ACM Type (1-1	1): Activity (A-L): B Flow Rate: Pre 2// Post 6 (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: //:	(enter only 1 type) (enter only 1 type) (Enter only 1 type) (Enter only 1 type) Respirator (1-3): (1-3):
(For Lab use or	aly)
FIBERS:	RECOUNT F/100: ANALYST CV: ANALYST CV: ANALYST CV: ANALYST CV: Analyst chart if necessary):
Other Employe	ees Represented by This Sample (attached additional sheet if necessary)
	Name Respirator (1-5)
	(last 4 digits of SSN) HUM LSTON RD2CU2KA
	ROZCUZKA
2) <i>()(</i> ()	Ro2Cu2KH /
3)	
4)	
5)	
6)	
7)	
8)	
ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
	(9) = Transite Pipes (10) = Celling The Grace (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (13) = Misc. (14) = Other Surfacing Materials (15) = Gross Removal (15) = Final Clean (15) = Glovebag Prep (16) = Prep/Pre-clean (16) = Gross Removal (17) = Potch / Repair (17) = Demolition (17) = Demolition (17) = Demolition (18) = O&M/cleaning
Activities:	(A) = Prep/Pre-clean (B) = Gloos real (G) = Demolition (G) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
	(L) = Other
Respirators:	(1) = Hair-race rieg. Tress.
Samples Col	(1) = Half-Face Neg. Press. HEF A (2) The Company: Compan



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	(For	lab use only)		1.
Batch Number:	(101)	Inh Nom	al Shottie	a MilleSelvel
Job#: (Compass	#) Task No.:(if a)	pplicable)	(location/si	r Michelle Selvol
- Combass	#) (14 3 Rodrigo (14 3 Rodrigo	Sample ID#: 79		
Employee 1D#:_/ (];	ast 4 digits of SSN	*		
SSN:	- 8/65			YY-day, ZZ-year
Sample Pump Se	rial Number: <u>TR O(</u>	07 · 8-Hr. TWA		30 Min. EXC.:(✓)
ACM Type (1-11): Activity (A-L): <u>B</u> (enter only 1 activity)	Flow Rate: (between 0.50	Pre 2// Post // Post to 2.50 LPM, - 2 decimal points)
Time On: <u>0.23</u>	70 Time Off: 15	30 Total Time (mi	inutes): <u>750</u>	Respirator (1-3):
(For Lab use onl	v)		ATVST CV:	
FIBERS:	RECOUNT F/100:		ditional cheet is	f necessary):
Other Employee	es Represented by This	Sample (affached a	uditional Sticer 1.	Reminster (1.3)
Employee ID# (last 4 digits of SSN)	Name	/	Respirator (1-3)
<u>1) 003</u>		HUMIST		
2) 006	last 4 digits of SSN)	ROZCUZ	KA	
<u>4)</u>				
5)				
6)				
7)				
8)			<u>, , , , , , , , , , , , , , , , , , , </u>	
ACM Types:	(1) = TSI (2) = VAT (3) 6) = Roofing Shingles (7 9) = Transite Pipes (1	/) - Rooming Onica	Toube (11)	= Putty/Caulks
Activities:	(A) = Other Surfacing Ma (A) = Prep/Pre-clean (I (E) = Glovebag Removal (H) = Wrapping (I	aterials B) = Gross Removal l (F) = Patch/Repair l) = Clean-up	(C) = Final Clea (G) = Demolition (J) = Enclosure	un (D) = Glovebag Prep on (G) = O&M/cleaning (K) = Encapsulation
Respirators:	(L) = Other	ss. HEPA (2) = PA	PR (3) = Type "	
кезриають:	- 10		Company	*
Samples Colle	cted By: 1 Poct	son/Supervisor Na	Company: me)	onpres



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	(For lab use only)
Batch Number:	(For lab use only)
Job#:	Task No.: Joh Name: White Michaele School (if applicable) (if applicable) (if applicable)
(Compass #)	00 = (11 approximately) - 3 - 08 - 02
Employee ID#: \$	(17 applicable) Sample ID#: 10-3-08 - 6.2 (DATE-SAMPLE NO.) ex. XXYYZZ-1 t 4 digits of SS(5) Where XX-Month, YY-day, ZZ-year
(las	where XX-Month, YY-day, ZZ-year
SSN:	- 576.5 30 Min. EXC.: (V)
Sample Pump Seri	10 10 10 10 10 10 10 10
/* /* /* /* /*	Activity (A-L): Flow Rate: Pre 2-17 Fost 7-25
Time On: 9. 2	(enter only 1 activity) (between 0.30 to 250
(For Lab use only	
	PECOLINT F/100: ANALISI CV.
Other Employees	Represented by This Sample (attached additional officers)
7 1 TD# (1	, Nama
Employee 1D# (10	Ast 4 digits of SSN) 2. NAJAJO K. Homiston
1) 60-2	K. Homiston
2) 00.3	
3)	
4)	
5)	
6)	
7)	
<u> </u>	
81 <u></u>	177
8)	1) – TSL $(2) = VAT$ (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP 6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (11) = Putty/Caulks
(6	b) = Rooming Shingles (7) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Misc
((() (1	b) = Rooming Stillights (7) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks 9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc. (13) = Misc. (13) = Glovebag Prep
(((1)	(a) = Rooting Stillights (7) = Rooting Stillights (7) = Rooting Stillights (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caurks (13) = Misc. (13) = Misc. (14) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (G) = Prep/Pre-clean (B) = Gross Removal (C) = Rooting (G) = O&M/cleaning
(f Activities:	(a) = Rooting Stillights (b) = Ceiling Tile/Glue Daubs (11) = Putty/Catiks (13) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Catiks (13) = Misc. (2) = Other Surfacing Materials
(((1 Activities:	(a) = Rooting Stilligies (b) = Ceiling Tile/Glue Daubs (11) = Putty/Caurks (13) = Misc. (13) = Misc. (13) = Misc. (14) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Demolition (G) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure
(((1 Activities:	(a) = Rooting Stilligies (1) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc. (2) = Other Surfacing Materials
(f (1 Activities:	(a) = Roofing Stilligies (b) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc. (2) = Other Surfacing Materials (13) = Misc. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" (2) (ASS)



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Batch Number: (For lab use only)	
Batch Number: (For lab use only) Job#: Task No.: Job Name: (location/site) (Compass #)	5 <i>01</i>
(Compass #) (if applicable) (location, site)	
(DATE-SAMPLE NO.) ex. XXYYZZ-1	
SSN: 8/63 where XX-Month, YY-day, ZZ-year	
Sample Pump Serial Number: $\sqrt{R} \otimes 7$ 8-Hr. TWA: $\sqrt{(\checkmark)}$ 30 Min. EXC.: $\sqrt{(\checkmark)}$	
ACM Type (1-11): Activity (A-L): A Flow Rate: Pre // Post / (between 0.50 to 2.50 LPM, -2 decimal points)	<u>.</u>
Time On: 730 Time Off: Total Time (minutes): Respirator (1-3):	L
(For Lab use only)	
FIBERS: RECOUNT F/100: ANALYST CV: ANALYST CV:	
Other Employees Represented by This Sample (attached additional sheet if necessary):	
Employee ID# (last 4 digits of SSN) Name Respirator (1-3)	
1) 603 Z. RHANKE	
Employee ID# (last 4 digits of SSN) 1) 603 2. Naclated X. Homeston	
3)	
4)	
5)	
6)	
7)	
8)	
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.	
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation	g -
(L) = Other	=
Respirators: (1) = Half-Face Neg. Fless. That (2) Company: Company: Compass	
Samples Collected By: 16 drig 0 Company: Configuration (Competent Person/Supervisor Name)	



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Batch Number: (For lab use only) Job#: Task No.: Job Name: Job Name: (location/site) (Compass #)
Job#: lask No.: (location/site)
(Compass #)
(last 4 digits of SSIM) (DATE-SAMPLE NO.) ex. XXYYZZ-1
ssn: 8/6.3 where XX-Month, YY-day, ZZ-year
30 Min. EAC.: (*)
Activity (A-L): B Flow Rate: Preor 1 100: 100: 100: 100: 100: 100: 100: 1
Time On: Time Off: Total Time (minutes):
(For Lab use only)
FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sileet if necessary)
Employee ID# (last 4 digits of SSN) Name Hums for
1) 003
2) OO6 ROZBUZEA
Employee ID# (last 4 digits of SSN) 1) 003 2) 006 Rozkuzka
3)
2) 006 ROZBUZEA 3) 4)
3)
3) 4)
3) 4) 5)
3) 4) 5) 6) 7)
3) 4) 5) 6) 7) 8) Mastic-Blastrak (5) = Spray-on FP
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Caulks
4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc. (12) = Other Surfacing Materials (13) = Fixed Glosp (D) = Glovebag Prep
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Damolition (G) = Q&M/cleaning
4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (14) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
3). 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (1) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other (T) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other



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Batch Number:	(For lab use only)
Job#:	Task No.: Job Name: Whitties // clesses // (location/site)
Employee ID#:	8163 Media o Sample ID#: 10-08 - O (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN:	where XX-Month, YY-day, ZZ-year
Sample Pump	Serial Number: (V) 30 Min. EXC.: (V)
ACM Type (1-1	11): Activity (A-L): Flow Rate: Pre2// Post (60) (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 7	Time Off: 500 Total Time (minutes): 420 Respirator (1-3): 4
(For Lab use of	nly) RECOUNT F/100: ANALYST CV:
Other Employ	ees Represented by This Sample (attached additional sheet if necessary):
	(last 4 digits of SSN) Name Respirator (1-3) K. Humiston Rockwoka
1) 003	P. North
2) 006	No2kver-4
3)	
4)	
5)	
6)	
2) 7)	
<u>- </u>	
8) ACM Types:	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
Activities:	(12) = Other Surfacing Wide (12) = Other Surfacing Wide (13) = Other Surfacing Wide (13) = Other Surfacing (13) =
Poor interes	(L) = Other (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
Respirators:	(1)
Samples Col	llected By:Company:Company:Company:Company:



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Batch Number: (For lab use only) Job#: Task No.: Job Name: (htter Middle School (location/site) (Compass #) (if applicable) (location/site)
Job#: Job Name:
$\frac{\text{(if applicable)}}{\text{(Compass #)}} \qquad \text{(if applicable)}$
Employee ID#: 8/63 / Nod Fig. Sample ID (DATE-SAMPLE NO.) ex. XXYYZZ-1
014.3 where XX-Mortin, 11-day, 222
Sample Pump Serial Number: JRO07 8-Hr. TWA: (1) 30 Min. EXC.: (1)
ACM Type (1-11): Activity (A-L): Activity (A-L): (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: 10 15 Time Off: 1045 Total Time (minutes): 36 Respirator (1-3): 1
(For Lab use only)
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sites of the sample)
Employee ID# (last 4 digits of SSN) Name Respirator (1-3) N. Homiston N. Rozuz Kat N. Rozuz Kat
1) 003 K. Homiston
N. ROZUZ-KA
5)
6)
7)
8) Nactic Blastrak (5) = Spray-on FP
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
(12) = Other Surfacing Materials (D) = Glovebag Prep
(E) = Glovebag Removal (F) = I alchy Rep. (J) = Enclosure (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure
(L) = Other Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" /
Samples Collected By: (Competent Person Supervisor Name)



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Batch Number: (For lab use only)
Joh Name: Whillest Commercial Comments
Employee ID#: 8/6 3 /loc/r go Sample ID#: // (DATE-SAMPLE NO.) ex. XXYYZZ-1
con 8/63
Sample Pump Serial Number: JROO 8-Hr. TWA: (1) 30 Min. EXC.: (1)
ACM Type (1-11): Activity (A-L): B Flow Rate: Pre 2// Post 1.05
Time On: 8 Time Off: 1530 Total Time (minutes): 120 Respirator (1-3): 1
(For Lab use only)
FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary):
Name Respirator (1-3)
1) OD3 Homiston
1) 003 Homston 2) 066 Rozkuzka
3)
4)
5)
6)
7)
8)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Gloveling (E) = Gloveling (E) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(1) - Holf Face Neg Press HEPA (2) = PAPR (3) = Type "C
Samples Collected By:
(Competent Mrson/Supervisor Name)



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And 1 To the state of the state
Batch Number: (For lab use only) Job#: Task No.: Job Name: (location/site) (Compass #)
Job#: Job Name: U///// / (location/site)
(if applicable) (notation, site)
Employee ID#: 16 100 First Sample 1D#: (DATE-SAMPLE NO.) ex. XXYYZZ-1
where XX-Month, YY-day, ZZ-year
8-Hr. TWA: (*) 30 Min. EXC.: (*)
ACM Type (1-11): Activity (A-L): Senter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 9.10 Time Off: 9:40 Total Time (minutes): 30 Respirator (1-3): 1
(For Lab use only)
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV: FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary): Name (1 Respirator (1-3)
Employee ID# (last 4 digits of SSN) Name Name
1) 002 2) 003 K. Homiston
3) 086 Nozkazka
4)
5)
6)
7)
8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
(4) ROOTTO JULISSO VI
(12) = Other Surfacing Materials St. 1 Class (D) = Glovebag Prep
(9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caunco (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (13) = Misc. (14) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Enclosure (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(H) = Wrapping (2) $(L) = Other$ (2) $(L) = Other$ (3) = Type "C"
Respirators: (1) = Half-Face Neg. Press. HEPA (2) = TATK (5) = FRESS (Company: Compa
Samples Collected by: (Competent Person/Supervisor Name)



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	(For lah 1190 C	only)	1.4.		
Batch Number:	(FOI lab disc o	× 1 37	white ion	Middle Sch	/ /
Job#: Task N (Compass #)	o.:(if applicable)	_Job Name: <u>_v</u>	(location/s	ite)	HC) /
		e ID#: 9	21108	- 01	
Employee ID#: <u>8/63</u> (last 4 digits of	Sampl	e ID#: <u> </u>	SAMPLE NO.)	ex. XXYYZZ-1	
SSN:	6.Š	where	e XX-Month,	YY-day, ZZ-year	
Sample Pump Serial Number	JR 007. 8	Hr. TWA:	V(V)	30 Min. EXC.:	. (✓)
Jampie i unip deixa z viii i		\$	Flow Rate:	Pre 21/ Post_	
ACM Type (1-11): / (enter only 1 type)	Activity (A-L): (enter o	nly 1 activity)	(between 0.50	to 2.50 LPM, - 2 decimal po	ints)
Time On: $\frac{07.30}{1}$ Time	Off: Total	l Time (minu	tes):	Respirator (1-	3):
(For Lab use only)		ANTATO	VET CV:		
FIBERS:RECO	JNT F/100:	ANAL	191 CV:		=
Other Employees Represent	ed by This Sample (a	attached addi	tional sheet 1	r necessary):	
Employee ID# (last 4 digits	of SSN)	Name	lur l	Respirator (1-3)	
1)		1/ 00/5	TONI		
2)		· Momis	1-110	1	
3)	<i>N</i>	· 17021C	1) EICIT		
4)					
5)					
6)					
7)		······································			
8)		·			
	Shingles (7) - Room		Daubs (11)	= Putty/Caulks	
(12) = Other S	urfacing Materials	s Removal (C	C) = Final Cle	= Misc an (D) = Glovebag I ion (G) = O&M/clea	rep
(E) = Gloveb (H) = Wrapp	ag Removal (F) = Pal ping (I) = Clear	icity iceptar (G) = Demolit = Enclosure	ion (G) = O&M/clea (K) = Encapsulati	ning on
(L) = Other_	nce Neg. Press. HEPA	(2) = PAPR	(3) = Type '	c"	
Respirators: (1) = Halt-Fa	ice iveg. I less. Grant			7	
Samples Collected By:	ACK Jacket noetent Person/Sup	er isor Name	Company: <u>(</u>)	-ompass	,



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LIVE AND THE STATE OF THE STATE
Batch Number: (For lab use only)
Batch Number: (For lab use only) Job#: Task No.: Job Name: Unitien Middle School (Compass #) (if applicable) (location/site)
(Compass #) (If applicable) Sample ID#: 9:29-08 (DATE-SAMPLE NO.) ex. XXYYZZ-1
Cock A CHOUS OF DOING
SSN: where XX-Month, YY-day, ZZ-year
SSN:
ACM Type (1-11): Activity (A-L): Senter only 1 activity) Flow Rate: Pre 2.// Post 7.63 (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: 13:00 Time Off: 13:30 Total Time (minutes): 30 Respirator (1-3): 1
(For Lab use only)
FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional steel if necessary)
Employee ID# (last 4 digits of SSN) N. Humis Tow N. Bozkuzkii
2) N. KOZKUZKA
3)
4)
5)
6)
7)
8)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (7) = Roofing Other (8) = Transite Panels/Siding
(9) = Transite Pipes (10) = Ceiling Tile/Gitte Datus (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glove Gross Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (E) = Glove bag Removal (F) = Patch/Repair (G) = Demolition (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other
Samples Collected By: 2: NACAU Company: Company: (Competent Person/Supervisor Name)



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Batch Number: (For lab use only)
Batch Number: (For lab use only) Job#: Task No.: Job Name: Job Name: (location/site) (Compass #) (if applicable) (location/site)
(Compass #) (if applicable) (location/site)
Employee ID#: 000 NAVA Sample ID#: 9-29-08 -0/ (last 4 digits of SSN) Sample ID#: 9-29-08 (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN: where XX-Month, YY-day, ZZ-year
Sample Pump Serial Number: <u>IR 007</u> 8-Hr. TWA: <u>L(v)</u> 30 Min. EXC.:(v)
ACM Type (1-11): Activity (A-L): Plow Rate: Pre 2 // Post (65)
Time On: 800 Time Off: 15 Total Time (minutes): 420 Respirator (1-3):
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary):
Posnirator (1-3)
Employee ID# (last 4 digits of 5514)
1) 003 RHUMISTON N. Rozkuska
2) 006 N. HOZKUSKH
3)
4)
5)
6)
7)
8)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" /
Samples Collected By: 2 Wach of Company: (Competent Person/Supervisor Name)
` ±



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Batch Number: (For lab use only)
Batch Number: (For lab use only) Job Name: Job Name: (location/site) (Compass #) (if applicable) (location/site)
(Compass #) (if applicable) (location/site)
Employee ID#: 816-3 Pode 19 Sample 10#. (DATE-SAMPLE NO.) ex. XXYYZZ-1
where XX-Month, YY-day, ZZ-year
Samuela Rump Social Number: JR 00') 8-Hr. TWA: () 30 Min. EXC.: ()
ACM Type (1-11): Activity (A-L): (enter only 1 activity) (enter only 1 activity) Flow Rate: Pre-A-11 Post (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: Time Off: Total Time (minutes): 30 Respirator (1-3):
(For Lab use only)
FIBERS: RECOUNT F/100: ANALYST CV: ANALYST CV:
Other Employees Represented by This Sample (attached additional street if necessary)
Employee ID# (last 4 digits of SSN) Name Respirator (1-5)
Nochaud
1. () hourse
6)
7)
8) Planta (5) = Spray on EP
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc.
(9) = Transite Pipes (10) = Ceiling Tile/Gite Dates (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other
(L) = Other Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
Samples Collected By: Jack Hookigo Company: Company: (Competent Person Supervisor Name)



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Batch Number:	(For lab use only)
Job#:	Task No.: Job Name: Whiten Middle)chool (location/site)
Elava ID# 9	Sample ID#: 9-26-08 - 0/ (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN: -	- 8163 where XX-Month, YY-day, ZZ-year
Sample Pump Ser	ial Number: <u>JR 00'7</u> 8-Hr. TWA: <u>\(\(\(\(\frac{1}{2}\)\)</u> 30 Min. EXC.:(\(\(\frac{1}{2}\)\)
ACM Type (1-11):	Activity (A-L): Flow Rate: Pre 2. // Post
Time On:	Time Off: Total Time (minutes): Respirator (1-3):
(For Lab use only	RECOUNT F/100:ANALYST CV:
Other Employees	Represented by This Sample (attached additional sheet if necessary):
	Name Respirator (1-3) Z. Walded OSLaurne
1) 00)	- RVACHUA
2) 004	OSANTAL
3)	
<u>4)</u>	
5)	
6)	
7)	
8)	
(6 (9	1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP 1) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding 2) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks 2) = Other Surfacing Materials (13) = Misc.
Activities: (. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
Respirators: (L) = Other
	cted By: Tack Harrison Supervisor Name)



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Batch Number: (For lab use only)
Job#: Task No.: Job Name: (Compass #)
Sample Pump Serial Number: TROO7 8-Hr. TWA: (1) 30 Min. EXC.: (1)
ACM Type (1-11): Activity (A-L): Flow Rate: Pre 3 // Post (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: 1030 Time Off: 1160 Total Time (minutes): 30 Respirator (1-3): 1
(For Lab use only) FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary):
Name Respirator (1-3)
1) 003 Humiston (
2) 004 OSbowene
3)
4)
5)
6)
7)
8)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc
(12) = Other Surfacing Materials (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other
Respirators: (1) = Half-Face Neg. PTess FIETA (2)
Samples Collected By: Ack Nock (Competent Person/Supervisor Name)



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Batch Number:	(For lab use on	ly)	
Tob#: Task No).:)	oh Name: White	n/site)
(Compass #)	(if a p plicable)	(location	1/ SITE)
(Compass #) Employee ID#: 8/63 Du (last 4 digits of	Sample.	ID#: <u>() 7 (X.2 (</u>)	<u>08 </u>
SSN: 816	3_		th, YY-day, ZZ-year
Sample Pump Serial Numbers	JR 007 81	Hr. TWA:(√)	30 Min. EXC.:(^/)
ACM Type (1-11): / (enter only 1 type)	Activity (A-L): A	Flow Rate (between	Pre 2.// Post / 6.50 to 2.50 LPM, - 2 decimal points)
Time On: <u>0730</u> Time O	ff: <u>1530</u> Total T	Time (minutes): <u>4</u>	SO Respirator (1-3): <u>1</u>
(For Lab use only)		ANT A TRICT CIV.	
FIBERS: RECOU	NT F/100:	ANALYSI CV:_	
Other Employees Represented	d by This Sample (att	ached additional she	et if necessary):
Employee ID# (last 4 digits of	SSN)	Name .	Respirator (1-3)
1) 003	<i></i>	tumiston_	
2) 004		Shourve	
3)		,	
4)			
5)			
6)			
7)			
8)			
(9) = Transite P	hingles $(7) = Roomig$ ipes $(10) = Ceiling$	Tile/Glue Daubs (1	(1) = Putty/Caulks (3) = Misc.
Activities: (A) = Prep/Pr (E) = Glovebag (H) = Wrappin	e-clean (B) = Gross F g Removal (F) = Patch ng (I) = Clean-u	Removal (C) = Final C /Repair (G) = Demo P (J) = Enclosu	
Respirators: (1) = Half-Face	e Neg. Press. HEPA	(2) = PAPR (3) = Typ	e"C"
Complex Collected By:	- W A	Company:_	/'



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	(For lab use only)
Batch Number: _	Johnson Whittien Middle Siper
Job#:	(For lab use only) Task No.: Job Name: (1)/1, ++/en M. old/e S/, est (if applicable) (location/site)
TIouga ID#•	Sample ID#: 9-24-08 OV [DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN:	where XX-Month, YY-day, ZZ-year
Sample Pump S	erial Number:
ACM Type (1-11	
Time On:	Time Off: Total Time (minutes): Respirator (1-3):
(For Lab use on	
FIBERS:	
Other Employe	es Represented by This Sample (attached additional sheet if necessary): Respirator (143)
Employee ID#	(last 4 digits of SSN) Name (Respitator (15)
1)	
2)	
3)	
<u>4)</u>	
<u>5)</u>	
6)	
7)	
8)	
	(1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (13) = Misc
Activities:	(A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (B) = O&M/cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
Respirators:	(L) = Other
	Tak Role D Company: Company
Samples Col	(Competent Person/Supervisor Name)



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Batch Number: (For lab use only)
Job#: Task No.: Job Name: (location/site) (location/site)
Employee ID#: 9-24-08 03 (last 4 digits of SSN) Sample ID#: 9-24-08 03 (DATE-SAMPLE NO.) ex. XXYYZZ-1
SSN: where XX-Month, YY-day, ZZ-year
Sample Pump Serial Number: 8-Hr. TWA: (*) 30 Min. EXC.: (*)
ACM Type (1-11): Activity (A-L): Flow Rate: Pre Post (between 0.50 to 2.50 LPM, -2 decimal points)
Time On: Total Time (minutes): Respirator (1-3):
(For Lab use only)
FIBERS: RECOUNT F 100: ANALYST CV: Other Employees Represented by This Sample (attached additional sheet if necessary):
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Employee ID# (last 4 digits of SSN) Name Respirator (1-3)
1)
2)
3)
4)
5)
6)
7)
9)
0)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc.
(12) = Other Surfacing Materials (C) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other
Pospirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"
Samples Collected By: JAC/ Pode Company: Compasi (Competent Person/Supervisor Name)



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(To the secondar)
Batch Number: (For lab use only)
Batch Number: (For lab use only) Job#: Task No.: Job Name: (location/site) (Compass #) (if applicable) (location/site)
(Compass #) Sample ID#: 8763 Sample ID#: 69-24-08 - 02
(DATE-SAMPLE NO.) ex. ACT 122
where XX-Month, YY-day, ZZ-year
8-Hr. TWA: (*) 30 Min. EXC.: (*)
ACM Type (1-11): Activity (A-L): Flow Rate: Pre 1 Post 1 (5-3) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
Time On: _/2 30 Time Off: _/3 CO Total Time (minutes): 36 Respirator (1-3):
(For Lab use only)
FIBERS: RECOUNT F/100: ANALYST CV:
Other Employees Represented by This Sample (attached additional sheet if necessary)
1) 002 2. Nadard
Employee ID# (last 4 digits of SSN) Name
3)
4)
5)
6)
7)
0)
ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (C) = Final Clean (D) = Glovebag Prep Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Demolition (G) = O&M/cleaning
(12) = Other Surfacing Materials (D) = Glovebag Prep (D) = Glovebag Prep
(E) = Glovebag Kemoval (F) = I atchy (I) = Enclosure (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure
(L) = Other
Respirators: (1) = Half-Face Neg. Fless. Till (1)
Samples Collected By: Takk Act Company: Company: Company: (Competent Person/Supervisor Name)



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Batch Number:	(Fo	r lab use only)	. \/ //	12 AAI C
Job#:	Task No.:(if	Job Name:	(location/site)	Muddle Schoo
Employee ID#:	8/63 Berling (last 4 digits of SSN)			
SSN: -	- 3/63		ere XX-Month, YY	
Sample Pump S	Serial Number: \overline{JR} O	0'7 8-Hr. TWA:	<u>v</u> (v) 36) Min. EXC.:(')
ACM Type (1-1	1): Activity	(A-L): A activity)	Flow Rate: Pro	Post 65 50 LPM, - 2 decimal points)
Time On: <u>O</u> Z	30 Time Off: 15 3	C Total Time (min	utes): <u>4<i>8</i>0</u>	Respirator (1-3): 🗘
(For Lab use or	RECOUNT F/100	0:ANA	LYST CV:	
Other Employ	ees Represented by Thi	s Sample (attached add	litional sheet if n	ecessary):
	(last 4 digits of SSN)		73	
1) 000		Z. MAXIAO	-,	
2) 003		K HOMES		
4)				
5)		<u>,, , , , , , , , , , , , , , , , , , ,</u>		
6)				
7)				
8)				
	(1) = TSI (2) = VAT (3 (6) = Roofing Shingles (9) = Transite Pipes	(10) = Ceiling Tile/Glue	e Daubs $(11) = P$	utty/Caulks
Activities:	(H) = Wrapping ((B) = Gross Removal al (F) = Patch/Repair I) = Clean-up	(C) = Final Clean (G) = Demolition () = Enclosure	(D) = Glovebag Prep (G) = O&M/cleaning
Respirators:	(1) = Half-Face Neg. Pr	ress. HEPA (2) = PAPI	R (3) = Type "C"	
Samples Col	lected By: TAC R RO	Or Proof Supervisor Name	Company: <u>(</u> o e)	mpass

Contractor Documentation

Fit Test Date	2019	3 6	1/08/05/	2007	180 ES						
Medical Release Date	40/08/01	28 E TO	30/01/-	40/38/01	1 ~						
MA License Exp. Date	40/10/01	D/11(C)	6/0/6	1/10/09	204109						
MA License	ANOTAGO	AU1043641	175643844	ASC1983	AWOY434R)					
Training Certificate Fxn Date		l 1	8/99/09	8/33/09	60/82/2						
Training Certificate #	SAR-BUSO	08-300-104-23720	SAR-8653	SAD-2049	150/R-70HS #						
Name	Kenneth Hunston	Lulle Oblogne.	Zachar MINDED SAR-8653	JOCK Kodrico	Nathon Rockusia						

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Worker

KENNETH HUMISTON

Eff. Date 10/02/07 Exp. Date 10/01/08

AW074222



Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Supervisor

KENNETH HUMISTON

Eff. Date 10/21/08 Exp. Date 10/20/09

AS073017





SP REN

PLHCP ¹ WIRITTEN STATEMENT for RESPI	RATORS (EMPLOYFF)
© ce Date: 10/39/07	() () () () () () () () () ()
Fig. 1	e SSN: 017-56-0225
Address: 44 Spring fleld st.	
Betcherton, Mg 0100)	
mployer:	
ou were evaluated in this office of your medical status related to you wear a respirator. (Check of one that a reliable	
wear a respirator. (Check one that applies)	our physical capability
There were no abnormal findings the t would hamper your ability to per The abnormal findings listed below vere not related to wearing a respi personal physician for further evaluation.	form your job duties while wearing a respirator. rator but should be reported to your
Based upon the results of this evaluation it is my opinion that you:	(Check / All that are)
Tone grained to wear a respirator	(August apply)
Have the following restrictions concerning respirator usage:	
TANE NOT qualified to wear a respire for	
Require further testing by your private physician who must submit a wri	
en that a final date	πen report of his/her findings to
wiust wear Special prescription eye-\ /ear needed to accommodate resp	ision on your ability to wear a respirator can be maintain
Must use an Eve class conversion by	mator.
IVIAV need to shave Facial hair to go the thinks	S.
Need to stop smoking.	-,
heck ALL that apply)	
The above individual HAS been examined for any time	
The above individual HAS been examined for respir for fitness in accordance with 29 CFR 1910.134. This evaluation included the Respiratory Questionne re-outlined in 29 CFR 1910.134.	This limited evaluation is specific to respirator
This evaluation included the Respiratory Questionne re outlined in 29 CFR 1910.134. The above individual HAS NOT, been examined by the control of the contr	physical status to their supervisor or physician.
Questionnaire in Appendix C Part A Section 2. In 30 october with 30 OVER to the employee's medical e	evaluation consisted of a review of OSHA's Medical Evaluation
Questionnaire in Appendix C Part A Section 2. In ac ordance with 29 CFR 1910.134, this limited evaluate to report any difficulties in using respirators or change of any physical status to their supervisor or physical status to their supervisor or physical status.	ation is specific to respirator use only. Employees should be instructed
In accordance with specific OSHA requirements the second	The cyaloadon included the Respiratory Questionnaire
In accordance with specific OSHA requirements, I hi ve informed the above named individual of the resi exposures that may require further explanation or tre atment. Where applicable, the above named individual attributable to the combined effect of smoking and at bestos, lead and/or other chemical exposure(s).	reas reasonable increased risk of lung cancer
Respirators must be properly selected based on the correlation levels to which the worker and warnings for proper use contained on the respirator, packaging and/or failure to wear the respirator during and result in sickness or death. Wearer plust be trained in the proper care of any respirator. Refer to product litting use and/or limitations.	will be exposed. Fallure to follow the use and fitting instruction all times of exposure can reduce the respirator's effectiveness erature and packaging for specific information.
	and a specific information regarding fit,
1 M	,
HCP Signature	
Sharon Jarmolowicz, PA-C	Employee's Signature
HCP Name (printed)	Expiration Date
ian or other Licensed Healthcare Professional	Expiration Date
To be ⊦naintained in the employee's file with a co	DV to the amployon
ICD stmt resp employee	еу со ине етгргоуее
Page 1 of 1	Print Date: 10/29/2007

Revision Date: 04/06/2000

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION EMPLOYER TO COMPLETE THE FOLLOWING: Address: Employee Name: Kenneth Employer: Employee SSNQ1-756-0008 Check Type of Respirator(s) To Be Used (Check ✓ ALL that apply) Extent of Useage (Check ✓ALL that apply) Air-purifying (non-powered) Air-purifying (powered) On a daily basis _____ Total Hours Atmosphere supplying Respirator Occasionally - but not more than twice a week _____ Total Hours Combination air-line and SCBA Rarely - or for Emergency situations only _____ Total Hours Continous-Flow Respirator Expected Physical Effort Required | (Check ✓ ALL that apply) Supplied-Air Respirator ☐ Light Moderate Open Circuit SCBA ☐ Heavy Closed Circuit & CBA Dust Mask Exposure to Hazardous Materials (Check VALL that apply) 1/2 Face with Canisters Full Face with Canisters Make: Model; _____Cartridge: ___ Arsenic Велгеле Special Work Conditions Check Y ALL That Apply When Wearing Rest Irator) Coke Oven Cotton Seed / Dust Cadmium ☐ Formaldehyde ☐ Methylene Chloride High Places Lead Enclosed Places ☐ Protective Clothing ☐ Textiles ☐ Temperature Extremes ☐ Chromium Mostly Cold Mostly Hot Other: Other(s): luestionare will be: HAND CARRIED WAILED OTHER **EVALUATION AUTHORIZATION BY: 30 NOT WRITE BELOW THIS LINE** Signature of Employer Representative DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE PLHCP 1 WRITT EN STATEMENT for RESPIRATORS (EMPLOYER) PHYSICIAN WILL COMPLETE THE FOLLOWING his report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act aparioness very strict limitations on the use of Information obtained during physical examination of qualified individuals with disabilities. All information collected and maintained on seperate forms, in superate files, and must be treated as a confidential medical record, with the following exceptions: Supervisors and managers may be informed about n∈ cassary restrictions on the work or duties of an employee and necessary accommodations. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment. ased upon my findings, I have determined that this individual (Check ALL that apply) Employee must schedule a medical examination with prior to respirator approval and usage. Class I - No Restrictions on Respirator Use Class II - Some Specific Use Restrictions [] To be used for Emergency Response or Escape Only Other: _ Class III - Respirator Use is NOT PERMITTED Further Testing / Evaluation is Required, 2 Fit Test Required Fit Test Performed Satisfactorily Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator] Facial hair needs to be shaved to assure tight seal on a ertain face masks. of his/her findings to heck ✓ ALL that apply) The above individual HAS been examined for respirate r fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report an difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnain outlined in 29 CFR 1910.134. The above individual HAS NOT been examined by mi for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accc dance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910,134. in accordance with specific OSHA requirements, I hav a informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treat nent. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asb istos, lead and/or other chemical exposure(s). Sharon Jarmolowicz, PA-C ian's Signature Physician's Name (Printed) 10-2907 ysician's License Number (Optional'in Most States) rcp_stmt_resp_employer Page 1 of 1 Print Date: 10/29/2007 To be mi intained in the employee's file with a copy to the employee

Revision Date:

NR/20/1000

RESPIRATOR EMPLOYEE DATA SHEET

Name: KEN Humiston Employer: Compass		Date: 1.28.08	• • • • • • • • • • • • • • • • • • •			
Employer:						
	aracteristics such as glasses, facial hair, de					
	,					
Respir	ator Type:	Menufacturer:				
IRRIT	ANT SMOKE TEST:	REACTION:				
I.	Breathe normally.					
IJ.	Breathe deeply and regularly.					
III.	Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.					
Iv.	Nod head all the way up and down Inhale while looking at the ceiling.					
V.	Speak loudly and slowly while you repeat after me as I read this Paragraph.					
VI.	Jog in place.		•			
VII.	Breathe normally.		*			
Сопт	cnts:					
COMP	-					
A. (Very comfortable					
B.	Tolerable		·			
C. D.	Uncomfortable Unacceptable					

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

Name: Type of Respirator: Date of issuance/training:	NORTH-1/2 FACE						
Date of medical examination:							
Results on file?	YES						
I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures. I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.							
Signature: Konnath	9						

CERTIFICATE OF ACHIEVEMENT

This certifies that

Kenneth Humiston

has successfully completed the

Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hour Asbestos Supervisor/Contractor Refresher Training Course conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

Principal Instructor

August 22, 2008 Date of Course

August 22, 2009 Expiration Date

Regional Manager

SAR-8650 Certificate Number

August 22, 2008
Examination Date

Commonwealth of Massachusetts Division of Occupational Safety
Laura M. Marin, Commissioner

Asbestos Worker



AW073641







INSTITUTE FOR ENVIRONMENTAI EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887

(Phone) 978.658.5272

历历

This is to certify that Luke Osborne

has completed the requisite training, and has passed an examination for reaccreditation as:

Asbestos Supervisor Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

February 9, 2008

urse Date

Course Location

Institute for Environmental Education

February 09, 2009

16 Upten Orive

08-3000-104-237206

Certificate Number

February 09, 2008

Examination Date

that I

Training Director

P. WILLIAMS

Concentra Medical Centers (Mass) 140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230

Physical Exam

`Osborne, Luke Date: 02/11/2008 SSN: 024-84-3873 **Examination Results** Able to perform essential functions as listed. Unable to perform all essential functions as listed. Please list failed essential function(s): No medical restrictions are indicated. The following medical restrictions are indicated: Recommend further evaluation. Remarks:

> Sharon Jarmplowicz, PA-C Provider/Print Name Here

> > Provider Signature

Revision Date: 01/14/2004

Service Date: 02/11/2008

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

Name:	LUKE OSBORNE
Type of Respirator:	NORTH - 1/2 FACE
Date of issuance/training:	1.28.0%
Date of medical examination:	
Results on file?	YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: 1.28.08

RESPIRATOR EMPLOYEE DATA SHEET

uf1.

Name: Employ List chi	rer: OSBORNE rer: OSBORNE rer: ASS aracteristics such as glasses, facial hair, del	ntures etc,
		Manufacturer: Nonth
	ANT SMOKE TEST:	REACTION:
I.	Breathe normally.	
U.	Breathe deeply and regularly.	
w.	Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.	
ľv.	Nod head all the way up and down Inhale while looking at the ceiling.	
v.	Speak loudly and slowly while you repeat after me as I read this Paragraph.	
VI.	Jog in place.	
VII.	Breathe normally.	
Com	ments:	
COM A.	Very comfortable	
В.	Tolerable	
в. С.	Uncomfortable	
D.	Unacceptable	

Commonwealth of Massachusetts

Division of Occupational Safety

Laure M. Marlin, Commissioner

Asbestos Supervisor

ZACHARY M NADAUD

Eff. Date 06/10/08 Exp. Date 06/09/09 AS073844

09



SP-REN

озна 001084767



U.S. Department of Labor Occupational Safety and Health Administration

Zach Nadaud

has successfully completed a 10-hour Occupational Safety and Health Training Course in

7/17/2006_ (Date)

CERTIFICATE OF ACHIEVEMENT

This certifies that

Zac Nadaud

has successfully completed the

Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hour Asbestos Supervisor/Contractor Refresher Training Course conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

Leven of Collinson

Principal Instructor

August 22, 2008 Date of Course

August 22, 2009 Expiration Date

4ugust 22, 2008

SAR-8652 Certificate Number

Regional Manage

Examination Date

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

Name: Type of Respirator:	NORTH-1/2 FACE		
Date of issuance/training:			
Date of medical examination:			
Results on file?	YES		
I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures. I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection. Signature:			
1-28-0			
Date:			

RESPIRATOR EMPLOYEE DATA SHEET

Name: _	ZAC NADAJD : Lampass	Date: 1.28.08	
Employer	Compass		ı
List chara	cteristics such as glasses, facial hav, ucu	tures etc,	
		Manufacturer: NoRTH	
Respirate	or Type: 1/2 FACE		
IRRITA	NT SMOKE TEST:	REACTION:	
I.	Breathe normally.		
IJ.	Breathe deeply and regularly.		
UI.	Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.		
ĭv.	Nod head all the way up and down Inhale while looking at the ceiling.		
v.	Speak loudly and slowly while you repeat after me as I read this Paragraph.		
VI.	Jog in place.		
VII.	Breathe normally.		
Con	iments:		
co	MFORT:		
A.	Very comfortable		
В.	Tolerable		
C. D.			

Concentra Medical Centers (Mass) 140 Garando Dr SPRINGFIELD, MA 01104 Phone: (413) 748-4008 Fax: (413) 748-3230

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE TOTAL AND INFORM	MATION FOR RESPIDATE
EMPLOYER TO COMPLETE THE FOLLOWING:	MATION FOR RESPIRATORY EVALUATION
Nadaud, Zachary	
Fitting 10-4	229 Miller Street E-4
Employer, Safe Environment of America	LUDLOW
Uneck Type of Respired	Employee SSN: 020-82-2597 MA 01056
	Extent of Union 15
""" " " P " " P " " T " I T T T T T T T T T T T T T T T	Extent of Useage (Check VALL that apply)
Combination air-line and SCBA Continuis-Flow Respirator	Occasionally Total Hours
THE COPPING AND THE PROPERTY OF THE PROPERTY O	Rarely - or for Fernandi more than twice a week
	Expected Physical Effort Required Check / ALL that apply)
Dust Mask James Circuit SCBA	Light Moderate (Moderate
World!	Exposure to Lineary
Special Work Conditions Cartridge:	Arsenic Caratappiy)
ALL That Apply When Wearing Respirators	Li Coke Oven
	Cadmium Cotton Seed / Dust
	Methylene Chloride
- Modely Fiol	Other(s):
CARRED LINAUES FOR	107.
DO NOT WRITE BELOW THIS LINE	EVALUATION AUTHORIZATION BY:
DO NOT MICHIEL	Paratra and the state of the st
PHYSICIAN INC.	DO NOT WRITE BELOW TWO
This report may contain confidential modical information and is intended for the designated employer must be collected and maintained on seperate forms, in seperate files, and must be treated and managers may be information on the seperate files, and must be treated an approximation of the seperate files.	ATORS (EMPLOYER)
(ADA) imposes very strict limitations on the tree at lateral strictled for the designated emotives	Parate I
in the collected and maintained on seperate forms in separate forms in separate forms.	of qualified in the Americans with Disabilities Act
(IST BID and Refer names at 1) with the about necessary regressions at the	idential medical record, with the felter. All information
Based tings my western that be informed, when appropriate if the dispatch of ourse of	an employee and necessary many axceptions;
A TOTAL OF THE PROPERTY OF THE PARTY OF THE	ritingency treatment.
Gisss I - No Restrictions on Respirator Use Class II - Solid Content of Medical Content of Medical Content of	Manus
Class II - Sorie Specific Use Restrictions	prior to respirator approval and usage.
Class III - Respirator Use is NOT PERMITTED The transfer of the second	Escape Only Other:
J Fit Test Regulard	mit Adulti.
Fit Test Partners of the state	,
Special prescription eyewear needed to programmatical lest NOT Performed at: Concentra M	Redical Courts of
Facial heir needs to be shaved to assure tight seal on certain face masks. Employed or other Licensed Healthcare Professional	plion eyowear needed to accommodate respirator
Physician or other Licensed healthcare Professional	recurso to accommodate respirator
of his/her findings to	
Employee must seek further medical evaluation by a private physician who must submit a report to (heck ALL that apply)	Concentra Medical Centers (Mase)
3 TRB 800W Individual trans	
bee only. Employees should be instituted to respirator fitness in accordance with 29 CFR 1910 134	Mat-II. p
ose only. Employees should be instructed to report any difficulties in accordance with 29 CFR 1910.134. This evaluation included the Respiratory Questionneire outlined in 29 CFR 1910.134. The above individual HAS NOT been examined by me for reaplyator fitness. The applications of the property of the property of the second of the property of the pro	ny physical status to the specific to respirator
Questionnies in a service of the for reminester of the for reminester of the for reminester of the formal of the f	physician,
to report any difficulties in using respirators to the accordance with 20 CFR 1910.134, this limited curries	eveluation consisted of a review of OSHA's Madient
Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation of the contract of t	usion is specific to respirator use only. Employees would be between
to report any difficulties in using respirators or change of any physical status to their supervisor or physical status to their superv	This evaluation included the Respiratory Questionnaire
exposures that may require further explanation or treatment. Where applicable, the above named individual of the reality but also the combined effect of smoking and asbectos, lead and/or other chemical exposure(e), vsician's Signature.	sulis of this evaluation and of any medical conditions
and analysis and aspectos, lead and/or other chemical exposure(s),	Ridgi has been informed of the increased risk of lung capter
ysician's Signature	- · · · · · · · · · · · · · · · · · · ·
	Physician's Name (Printed)
lan's License Number (Optional in Most States)	101/V (Minted)
p_stmt_resp_employer	Date of Exam
Page 1 of 1	Expires Oh
To be maintained in the employee's file was	Print Date: 01/10/2009

Commonwealth of Massachusetts Division of Occupational Safety Laura M. Marlin, Commissioner R 3.

Asbestos Supervisor

JACK RODRIGO

Eff. Date 01/11/2008 Exp. Date 01/10/2009 AS 61983

Member of C.D.N.E.S

NW 001984





WN-REN

ASBESTOS ABATEMENT WORKER L NOISSERONA

20/08/11 663100 СЕКТІРІСАТІОЙ МО. СОВЯВЕЙТ ГНЯОООН

03 - 429103

HIVEN DESTRUCE OF PUBLIC HEALTH STATES OF CONVECTIOUT

MALLET CARD

OSHA

001084318



U.S. Department of Labor Occupational Safety and Health Administration

Jack Rodrigo

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

7/29/2006 (Date)

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jack Rodrigo

has successfully completed the

8-Hour Asbestos Supervisor/Contractor Refresher Training Course Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

Principal Instructor

August 22, 2008 Date of Course

August 22, 2009 Expiration Date

SAR-8649 Certificate Number

August 22, 2008
Examination Date

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

بداءات

Name:	JACK KODELED
Type of Respirator:	NORTH - 1/2 FACE
Date of issuance/training:	1.23.08
Date of medical examination:	pala and the second distance of the second di
Results on file?	YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature:

Date:

RESPIRATOR EMPLOYEE DATA SHEET

PINT

	Menoor and	A
	TACK RODAIGO	Date: 1.28.08
Name: 7	JACK ROUGHE	
Employe	r. Campass	
List char	acteristics such as glasses, facial hair, dem	tures etc,
		Manufacturer: No.27H
Respirat	or Type: 1/2 FACE	Manufacturer: // VOIZ/A
TO DETA	NT SMOKE TEST:	<u>REACTION:</u>
IRRITA		
I.	Breathe normally.	
Ŋ.	Breathe deeply and regularly.	
ui.	Turn head completely from side	
****	to side. Inhale on each side. Do not bump the respirator or your	
	shoulder.	
u	Nod head all the way up and down	
ľv.	Inhale while looking at the certain	
V.	Speak loudly and slowly while you	
* •	repeat after me as I lead this	
	Paragraph.	
VI.	Jog in place.	
VII.	Breathe normally.	
Con	ments:	
	ments:	
<u>co</u>	MFORT:	
A.	Very comfortable	-
В.	Tolerable	
	Uncomfortable	
Ç. D.	Unacceptable	

TO PARO. POPTOREUDO

Phone: (413) 746-4008 Fox: (415) 740-3200

Medical Surveillance - Asbestos

Patient: Rodrigo, Jack D. Job Title: SSN: 017-50-8163 Employer: Compass Restoration Services L DOB: 11/30/1958 Address: 16 Pheasant Run Gender: M Marital Status: S BELCHERTOWN, MA 01007 Address: 307 Pochassic Road Job Contact: Victor Rodriguez Role: Primary Contact WESTFIELD, MA 01085 Phone: (413) 265-1569 Ext.: Home Phone: (413) 562-4488 Fax: Work Phone: (413) 265-1569 Ext.: Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER The above individual was seen on 09/16/2008 in accordance with: ___29 CFR 1926,1101. The following was performed; ___40 CFR 763.121. Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101. Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee. Review of information from previous medical examinations if available. A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems. A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards. ; A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator. Comments or limitations (if any):

P.004

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230 PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE) Service Date: 09/16/2008 Employee Name: Employee SSN: Rodrigo, Jack D. 017-50-8163 Address: 307 Pochassic Road WESTFIELD MA 01085 Employer: Compass Restoration Services LLC You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check <u>vone</u> that applies) There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator. The abnormal findings listed below were not related to wearing a respirator but should be reported to your Based upon the results of this evaluation it is my opinion that you: (Check \checkmark ALL that apply) ARE qualified to wear a respirator. Have the following restrictions concerning respirator usage: DARE NOT qualified to wear a respirator. Require further testing by your private physician who must submit a written report of his/her findings to Must wear Special prescription eye-wear needed to accommodate respirator. _so that a final decision on your ability to wear a respirator can be made. Must use an Eye glass conversion kit. ☐ May need to shave Facial hair to assure tight seal on certain face masks. ☐ Need to stop smoking. (Check V ALL that apply) The above Individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910,134, The above Individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the complined effect of smoking and aspestos, lead and/or other chemical exposure(s). / operly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proj use contained on the resulting packaging and/or failure to wear the respirator during all limes of exposure can reduce the respirator's effectiveness and result in alcknows death. Wearer must be traited in the proper care of any respirator. Refer to product illerature and packaging for specific information regarding fit, use end/or limitatio Employee's Signature LHCP Name (printed) hysician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

ihcp_stmt_resp_employee

Page 1 of 1

Print Date: Revision Date:

09/16/2008 04/06/2000

P.006

رra Medical Centers (Mass)

140 Carendo Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230 Service Date: 09/16/2000

Non-Injury Status Report

Patient: Rodrigo, Jack D. SSN: 017-50-8163

Address: 307 Pochassic Road

WESTFIELD, MA 01085

Home: (413) 562-4488

Work: (413) 265-1569 Ext.: Employer Location: Compass Restoration Service Contact: Victor Rodriguez

16 Pheasant Run

Role: Primary Contact

BELCHERTOWN, MA 01007 Phone: (413) 265-1569 Ext.:

Fax:

This Visit:

Time in: 12:15 pm

Time Out: 01:48 pm

Auth. by:

Visit Type: New

Asbestos Exam

Lead (Pb)-Whole Blood 83656B Pulmonary Function Test Asbestos Physical Periodic

Result Status:

Able to perform essential functions No medical restrictions

Remarks: PATIENT IS QUALIFIED TO WEAR A RESPIRATOR.ij

Commonwealth of Massachusetts Division of Occupational Safety

Laura M Marlin, Commissioner

NATHAN ROZKUSZKA Asbestos Worker

Eff. Date 02/25/08

Exp. Date 02/24/09 AW074248

Member of C.O.N.E.S.





CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the

Training Course Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hour Asbestos Supervisor/Contractor Refresher conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

Principal Instructor

Date of Course

August 22, 2009 Expiration Date

SAR-8651 Certificate Number

Regional Manager

August 22, 2008 Examination Date

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

	NATHAN RESKISKA
Name:	
Type of Respirator:	NORTH - 1/2 FACE
Date of issuance/training:	10.6.
Date of medical examination:	2.19.08
Results on file?	YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: MH Alker

Date: 6.1.08

RESPIRATOR EMPLOYEE DATA SHEET

1.4

Name	: NATHAN ROZKUSKA	Date: 6/08
Empl	oyer: Compass Rosford	Hoo Siver
List c	haracteristics such as glasses, facial bair, den	
		· M
Respi	rator Type: 1/2 File	Manufacturer: Norther
IRRI	IANT SMOKE TEST:	REACTION:
I.	Breathe normally.	
IJ.	Breathe deeply and regularly.	
DI.	Turn head completely from side to side. Inbale on each side. Do not bump the respirator or your shoulder.	
ľv.	Nod head all the way up and down Inhale while looking at the ceiling.	
V.	Speak loudly and slowly while you repeat after me as I read this Paragraph.	
VI.	Jog in place.	V
VII.	Breathe normally.	
Comments:		
COMFORT:		
A.	Very comfortable	
B.	Tolerable	
C. D.	Uncomfortable Unacceptable	



officers, employees, nominees, personal representatives, affiliates, successors, assigns from and against any and all liability whatsoever, at common law or otherwise, except provisions of the applicable worker compensation laws.

4. I hereby warrant and represent that to the best of my knowledge I have not been diagnosed as having asbestos related diseases; or been disabled; laid off or compensated in damages or otherwise, because of the disease of asbestos.

I acknowledge that safety instructions have been given to me by the company at my work commencement and I am thoroughly conversant with them and have answered the above questions muthfully.

Name: NATH	& Reckiskit	
Signature:	Lake	
Social Security Number	: 022-76-9368	

Service Date: 02/19/2008

140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4008 Fax: (413) 746-3230

Respiratory Questionnaire And Examination Record Patient: Rozkuszka, Nathan E Address: 12 Moody Street SSN: 022-76-9368 DOB: 06/16/1985 LUDLOW, MA 01056 Gender: M Phone: (413) 583-6342 Race: ASIAN (Asiatico) BLACK (negro) HISPANIC (Hispano) INDIAN (Indio) WHITE (blanco) OTHER (otro) OCCUPATIONAL HISTORY (ANTECEDENTES LABORALES) Have you worked in: Have you ever had: (Ha trabajado anteriomente en:) <u>(Ha teлido o padecido de:)</u> A foundry Yes/No) Asthma (Asma) Yes (Una fundidora) Allergies (Alergias) Yes Stone or mineral mining, quarry, Chest Surgery (Cirugia en el pecho) Tuberculosis (Tuberculosis) Yes (No Yes /No or processing Yes (No) Yes (No) (Minas o excavaciones procesamiento de) Lung Problems Asbestoes milling or (Problemas en los pulmones) processing Yes (No) If yes, name (Molinos de minerales) (Si contestó afirmativamente, explique) Gas or chemical Do you: (Vapores o gases guímicos) Cough first thing in the morning Length of exposure (years) of each "Yes" (Tos durante las primeras horas del día) (Periodo de tiempo por el cual estuvo usted expuesto) Cough during the day or night (Tos durante el día o durante la noche) MEDICAL HISTORY: Cough up phlegm (mucus) (HISTORIA MEDICA) first thing in the morning Do You Wear: Glasses Yes (No (Tos con flemas durante las primeras horas del día) Contacts Yes No Cough up phlegm (mucus) Yes (Nb) (Ha tenido o padecido de:) Have you ever had: during the day or night Epilepsy (Epilepsia) Yes (Tos con flemas durante el día o durante la noche) Diabetes (Diabetes) Yes Cough up phelgm (mucus) Cancer (Cancer) Yes like this on most days, Heat Exhaustion Yes 3+ months a year Yes Nd (Exhausto debido a altas temperaturas) (Tos con flemas la mayor parte del tiempo o más de) Yes (3 meses en el año) Heart Disease SMOKING (FUMAR CIGARRILLOS) (Enfermedades del corazon) Have you ever smoked CHEST COLD/CHEST ILLNESS (Ha fumado alguna vez) (ESFRIADOS/ENFERMEDADES DEL PECHO) Packs/day Years (Años) (Cajetillas por día) hereby certify and have answered the above questions to the best or my knowledge and the the apswers are complete and true. (Por medio de la presente certifico que he contestado a estas preguntas en pleno esto de mis faquitades y la información dada veraz.)

-2	1 the
	npioyee signature (Firma del empleado)
RESPIRATOR:	Pulmonary Function Tests:
TypeDisposable	FVC FEV1 FEV1/FVC%
Full Face / Half Mask with cartridge or canister	Predicted Predicted
Other A NOTE OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PRO	Comments:
Reason for wearing a respirator: Asbestins Abut mit	Wall Man
Activity level Light % of use	
Moderate	Chest X-Ray:# of views: X-Ray #:
Heavy	Comments: No PRIOL Exposure
EXAMINATION	As i da - Meeded
Height 5 7 Weight 222 Pulse 80	
Blood Pressure 182 186 Respirations	Respirator Fit Test: Alegar Pass Fail
leart NL AB	RESULTS: (see attached documentation)
Lungs NL AB	X Worker is medically qualified for respirator use
Ears Ntc. AB	Worker is not medically qualified for respirator use
Ear Drums NE AB	Worker should stop smoking
Vose NL AB Nothing	Worker must shave beard
Comments:	Worker cannot wear contact lens with respirator,
	must use glass conversion kit 2/19/
hart	Physician's signature Date
HN()	France 2/19/200
Respiratory Quystidmiáiré and Examination Record © 1995 - 2008 C	Oncomina Houlth Services, Inc. ATRIGITY R. Revision, Date: 06/29/11

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230

Medical Surveillance - Asbestos

Patient: Rozkuszka, Nathan E. SSN: 022-76-9368 DOB: 06/16/1985 Gender: M Marital Status: S Address: 12 Moody Street LUDLOW, MA 01056 Home Phone: (413) 583-6342 Work Phone: (999) 999-9999 Ext.: Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER The above individual was seen on 02/19/2008 in accordance with: 29 CFR 1926.1101. 40 CFR 763,121, The following was performed: Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101. Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee. one 2 485 .000 Review of information from previous medical examinations if available. 12 A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems. A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards. A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C). NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and Stop brokews asbestos exposure. Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator. Comments or limitations (if any):

Service Date: 02/19/2008

Concentra Medical Centers (Mass)

140 Carando Dr. SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230 Service Date: 02/19/2008 Case Date: 02/19/2008

Revision Date: 06/29/1999

Private Status Report

Patient: Rozkuszka, Nathan E.

022-76-9368 SSN:

Address: 12 Moody Street

LUDLOW, MA 01056

Home:

(413) 583-6342

Work: (999) 999-9999 Ext.:

This Visit:

Items Performed:

Custom Protocol

Pulmonary Function Test

Asbestos Physical-PrePlacement

Time In:

11:06 am

Time Out:

12:48 pm

Treating Provider: Alan M. Smolinski, MD

Diagnosis (If any):

Patient Status:

Remarks: COMPLETED PHYSICAL AND PFT. sm

Anticipated Date of MMI:

Next Visit(s):

$\label{eq:attachment} \textbf{ATTACHMENT G}$ WASTE SHIPMENT RECORD

RED IECHNOLOGIES, LLC ILEMEDIATION ENGINEERING & DEVELOPMENT

E.P.A. AGENCY

CT, MA RI, VT, NH, ME **GENERATORS**

NY GENERATORS

173 Pickering Street Portland, CT 06480 (860) 342-1022 Fax: (860) 342-1042

EPA New England 1 Congress Street Boston, MA 02114-2023 (617) 918-1111

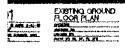
EPA,Region 2 290 Broadway, 26th Floor New York, NY 10007-1866 (212) 264-6770

rk#	ASBESTOS	DISPOSAL &	DOCUMENTATION	FORM
	STORE DELICATION OF THE PROPERTY OF THE PROPER			

ASDESIUS DISPUSAL &	DOCUMENTATION FORM
Job NumberP.O. #	
Contractor	
Address	Address City State Zip
CityStateZip	City State Zip
Telephone Number	City State Zip Phone Number
Date Container Del Date of Pickup	GENERATING LOCATION
Type of Container	GENERATING LOCATION Address
VOLUME CY Friable ☐ Non-Friable ☐	Address
MUST BE IN CUBIC YARDS 3(Q. Appesios, 9, NA2212, PG, 111	City State Zip
Bag ☐ Drum ☐ T-Pack ☐ Wrapped ☐ Other ☐	Phone Number
certify the above named material does not contain free liquid as defined by 40 to	CFR part 260.10 or any applicable state law, is not a hazardous waste as defined
Shipper's Certification: I hereby declare that the contents of this consignment	assified and packaged, and is in proper condition for transportation according to are fully and accurately described above by the proper shipping name, and are proper condition for transport according to applicable international and national
ransporter 1:	THE PARTY OF THE P
Name Ad	dress Telephone #
Fransporter 1: Name Ad Oriver: Regist	tration #: AAa 100/3 Date: 10 - 21-0.0
Acknowledgement o	
ransporter 2: RED Technologies LLC, 10 Northwood Drive	D1 C 11 CT 04000
Name	Address Telephone #
Orlver:Regist	ration #: Date:
Acknowledgement of Acknowledgeme	State / # f receipt of materials
ransfer Facility: Charles M. Gordon & Sons, Inc. 203 Picker	ring Street, Portland, CT 06480 860-342-1022
	Telephone #
,, II	ransfer Date: Permit # 1130836 PO
iscrepancy:	
Certification of transfer of mate	rials covered by this manifest
ransporter 3: Name Add	7000
river:	ress Telephone # ation #:Date:
Signature Acknowledgement of andfill Name: Minerva Enterprises	receipt of materials
200 000 000 00 0 0 0 0 0 0 0 0 0 0 0 0	Location:
<u> </u>	Ph: Permit #
proximate volume of Aspestos Received:	
screpancy If Any:	
	Date:
Certification of transfer of mater	ials covered by this manifest

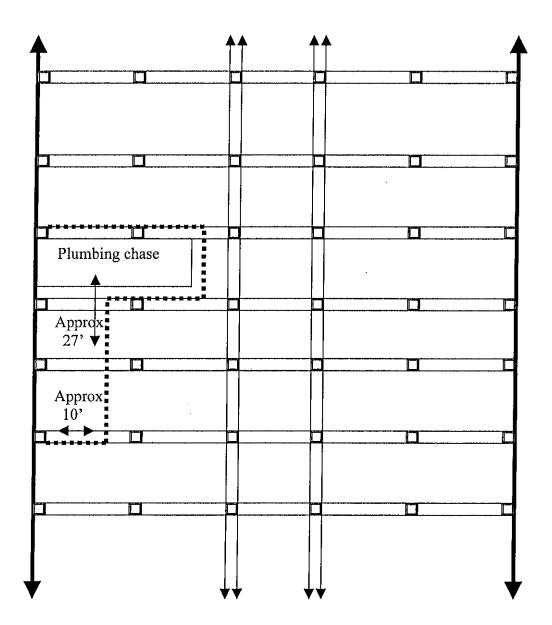
ATTACHMENT H CRAWLSPACE SKETCH

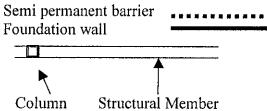
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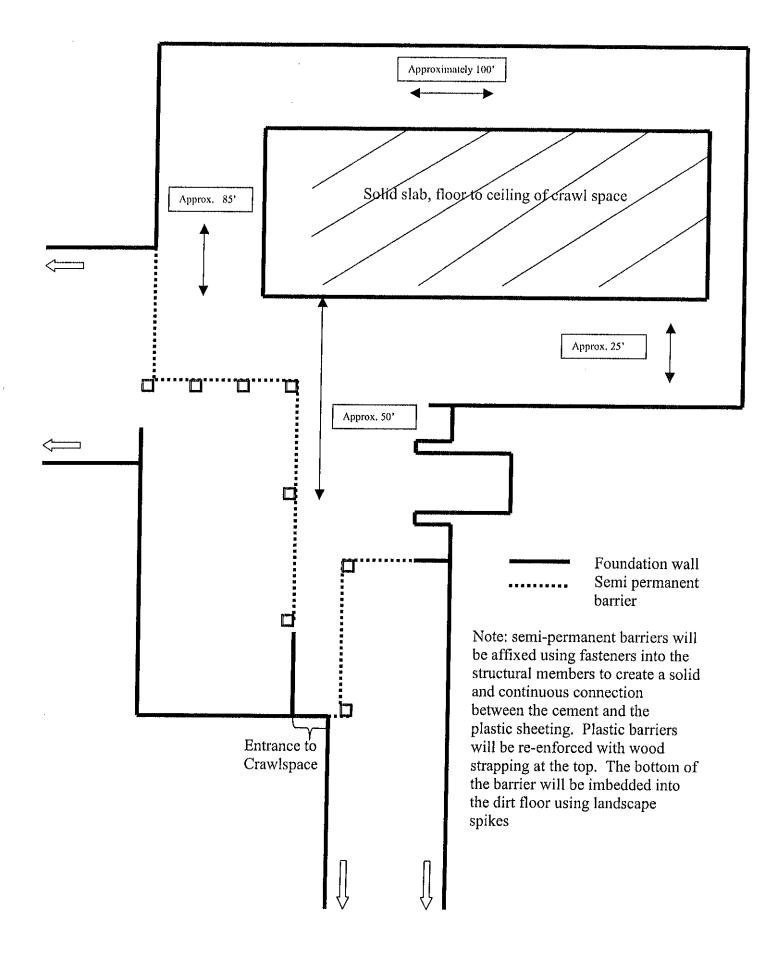
WHITTIER MIDDLE SCHOOL 256 CONCORD STREET · HAVERHILL, MASS.







Area A



<u>Area B</u>